

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. VI. } NEW SERIES. NEW YORK: SATURDAY, FEBRUARY 9, 1861. { *Mail Subscribers, \$3 per Ann.*
VOL. II. } *(City and Canadian, 8 50 "*
 } *Single Numbers, 10 cents.*

Page	Page	Page	Page
ORIGINAL LECTURES.	REPORTS OF HOSPITALS.	EDITORIAL ARTICLES.	
Lectures on the Physiology of the Cranial Nerves. Delivered in the College of Physicians and Surgeons. By John C. Dalton, Jr., M.D., Professor of Physiology and Microscopic Anatomy. Lecture II. 91	ST. LUKE'S HOSPITAL: Aneurism of Thoracic Aorta . 98	Wet-Nurses 101	Radcliffe, M.D. Vol. xxxii. July—December, 1860 . . . 108
ORIGINAL COMMUNICATIONS.	BUFFALO HOSPITAL OF SISTERS OF CHARITY: Acute Articular Rheumatism Succeeded by Peritonitis and Pericarditis; Recovery . . 99	THE WEEK: Hospital for the Insane, Canandaigua, N. Y. 102	Brithwaite's Retrospect of Medicine and Surgery. Part the Forty-second 108
Pathology of Tetanus. By W. Hanna Thomson, M.D. . . . 93	UNIVERSITY MEDICAL COLLEGE: Prof. Alfred C. Post's Surgical Clinic. Curious Deformity; Excision of the Head of the Bone. Reduction of Dislocation of Head of Os Brachii of Seven Weeks' Standing . 100	True and False Systems of Medicine 102	PROGRESS OF MEDICAL SCIENCE.
Cruveilhier's Atrophy of the Upper Extremity from Injury of the Wrist-Joint (?) Recovery under the use of Faradization. By Frederic D. Lente, M.D., of Cold Spring, N. Y. . 96	COLLEGE OF PHYSICIANS AND SURGEONS: Prof. Parker and Markoe's Clinic 100	New York County Medical Society 102	Diphtheria. By Dr. Slade, of Boston 108
Diphtheria, and its Treatment. By R. R. Livingston, M.D., of Plattsmouth, Nebraska Territory 96		REVIEWS.	REPORTS OF SOCIETIES.
		Clinical Lectures on the Diseases of Females. By Gunning S. Bedford, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children. Translated from the 4th English edition, with a Commentary, by Paul Gentil Doctor of Medicine of the Faculty of Paris . 102	Medical Society of the State of New York 108
		The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M.D., and C.	MEDICAL NEWS.
			TO CORRESPONDENTS: COMMUNICATIONS RECEIVED: METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK: MEDICAL DIARY OF THE WEEK:

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LECTURES ON THE PHYSIOLOGY OF THE CRANIAL NERVES.

DELIVERED IN THE COLLEGE OF PHYSICIANS AND SURGEONS.

BY

JOHN C. DALTON, JR., M.D.,

PROFESSOR OF PHYSIOLOGY AND MICROSCOPIC ANATOMY.

LECTURE II.

TO-DAY, gentlemen, we shall take up the study of the fifth pair, or the great Trifacial. This is a nerve of peculiar interest, not only on account of its extensive distribution and the strongly marked character of its function, but also on account of the strong resemblance which exists between it and the spinal nerves. For the fifth pair originates, like the spinal nerves, from a double root: sensitive and motor. We find that its sensitive root, like those of the spinal nerves, is provided with a ganglion; and we find also that its two roots, while they are entirely distinct at their origins, become mingled to a certain extent after they have left the cavity of the cranium, and are distributed both to the integument and to certain of the muscles of the face.

In the first place, let us examine the principal points in the anatomy of this nerve; after which we will pass to a consideration of the different functions which belong to it. The fifth pair originates, as I have said, by two distinct roots, which emerge from the substance of the brain on the lateral surface of the pons Varolii. This is of course the apparent, but not the real origin of the nerve. For if we trace the fibres downward, we find that they come from a much deeper situation, and that the fibres of the larger root can be traced to the continuation of the sensitive filaments of the spinal cord, and the smaller root to that of its motor fibres. The two roots then pass forward, side by side, until they reach the superior surface of the inner extremity of the petrous portion of the temporal bone, which they cross at the situation which I indicate here. The petrous portion of the temporal bone, as you will remember, is in the form of a triangular pyramid, one of its sides looking downward, another backward, and the third forward and upward. It is upon the internal extremity of this anterior and upper surface of the pyramid, that the nerve rests. It is just at this spot that we find upon it a very remarkable formation which indicates more clearly than any other its analogy to the spinal nerves; that is the great ganglion which is situated in the course of its sensitive root. If you look at the fifth pair in this preparation, in which the dura mater has been dissected away from above, you will see a wide collection of grey matter stretching from one side of the nerve to the other. It has a crescentic form, and is therefore called the crescentic ganglion; or more frequently, from Casserio, an Italian anatomist, who first described it, the *Casserian* ganglion. The situation of the ganglion you will see also in this fresh preparation. Looking from above downward, you see the large root entering the grey matter of the ganglion, where its fibres become intermingled with its substance; but if we turn the ganglion over and examine its under surface, we shall then see that the smaller or motor root passes underneath it, but has no other connexion with the ganglion than that of mere contiguity.

The next point in the anatomy of the fifth pair of nerves is that after passing the situation of the Casserian ganglion it separates into three great divisions; one of these goes to the orbit of the eye and the integument of the superior part of the face; the second passes through the superior maxillary bone, and supplies the middle part of the face; while the third is distributed to certain muscles in the lower part of the face and to the integument and mucous membranes

of the same region. These three distinct divisions are known as the *ophthalmic*, the *superior maxillary*, and the *inferior maxillary*. The ophthalmic division of the fifth pair runs from behind forward, enters the orbit of the eye by the sphenoidal fissure, in company with the motor nerves which I described yesterday. Having arrived at the inner and anterior part of the orbit, it sends off several branches; one of which, the nasal branch, is distributed to the mucous membrane of the middle and lower part of the nasal passages. The other branches are distributed in part within the cavities of the orbit, to the lachrymal gland, the lachrymal ducts, and to the mucous surface of the conjunctiva. The ophthalmic division then emerges from the cavity of the orbit, by the supra-orbital foramen (which, as in this skull, is sometimes nothing more than a mere notch in the bone), and spreads out into a brush of minute filaments, to be distributed to the integument of the forehead and sides of the head as far back as the vertex. The superior maxillary division of the nerve runs also from behind forward, but very soon passes out of the cranium by the foramen rotundum (into which the end of the probe is now inserted). From this point, it passes into the sphenomaxillary fossa, and thence enters a canal in the floor of the orbit. During its passage through this canal it sends abundant filaments to different parts of the upper jaw, and particularly to the roots of the teeth. After supplying the teeth in this manner, the nerve emerges from the infra-orbital foramen, and, passing out upon the middle of the face, breaks up into a brush of filaments, which are distributed to the skin;—supplying in this way the middle and most sensitive region of the face. Finally, we have the inferior division of the fifth pair, or the inferior maxillary. This division passes almost directly from above downward, through the foramen ovale, in the base of the skull, and then continuing its course in a downward direction, enters the inferior dental canal, in the body of the inferior maxillary bone. While passing through this canal it gives nerves to the teeth of the lower jaw, and finally, emerging from the anterior extremity of the bone, through the mental foramen, it supplies the mucous membrane of the lower lip and the skin of the lower part of the face. These three nerves, therefore, the three divisions of the fifth pair, supply the integument of the superior, middle, and inferior portions of the face. There are, however, two peculiarities in the anatomy of the inferior division, which I have yet to notice; one is, that, as it is passing from above downward, in order to engage itself in the inferior dental canal, it gives off a very important nerve, which goes by the name of the *lingual branch of the fifth pair*. This nerve is important, in consequence of the special character of its sensibility; for it not only possesses the property of general sensibility, like the other branches of the fifth pair, but also the power of appreciating the impression of sapid substances. I shall, however, return to this point in a few moments. The other peculiarity is that, beside the lingual branch just mentioned, there are four or five others, which leave the inferior division of the fifth pair immediately after its emergence from the foramen ovale, and which are distributed to the muscles of mastication, or those which move the lower jaw. The nerve, from this circumstance, sometimes goes by the name of the *masticator nerve*.

In this preparation you have all these branches exposed, with the exception of the masticatory filaments, which have been necessarily removed. You see the Casserian ganglion with its three principal branches, and also the infra-orbital and mental nerves where they emerge from their respective foramina, to be distributed to the sensitive surfaces in their vicinity.

Now, with regard to the functions of the fifth pair, beyond question the most important nerve distributed to the face.

In the first place, this is an excessively sensitive nerve, more so than any other in the body. If we irritate the branches of the first and second divisions of the fifth pair, we find that a painful sensation is produced, but no convul-

sive action; for the reason that the filaments of these nerves are not distributed to any muscles. The irritation of these filaments also appears to excite more acute pain than that of any other nerve in the body.

You will remember that the fifth pair is also a motor nerve; for the filaments of the small root, which originate in company with the others, are distributed to the muscles of the lower jaw, and supply, therefore, the motive power to the inferior and deep-seated regions of the face.

Now, all these facts have been discovered by direct experiment. I have said that the fifth pair is, par excellence, a sensitive nerve. The consequence of this is, that if the nerve be divided in the interior of the cranium, we find that this operation destroys sensibility in all parts of the face which are supplied by the nerve. This operation I will now do upon this cat, with the instrument which you see here. The general arrangement of parts is the same in these animals as in the human subject. All that is necessary to do, therefore, in order to divide the nerve within the cranium, is to introduce the instrument through the squamous portion of the temporal bone, quite low down on the lateral surface of the head, and just above the posterior extremity of the zygomatic arch, so that, on entering the cranium, the point of the instrument may rest upon the upper and anterior surface of the petrous portion. The instrument should be pushed almost directly inward until it strikes the edge of the posterior clinoid process. Then its cutting edge is to be turned downward, and if it have reached the right point, it will then cut off the fifth pair, through the substance of the Casserian ganglion. This is a very dangerous operation, for you see that we must work for the most part in the dark, and are guided by the bony prominences felt by the instrument in its passage. Frequently, also, we find that the instrument, going a little too far forward, opens the cavernous sinus, and thus causes a fatal hemorrhage. Then again, by passing too far inward it may wound the internal carotid artery, and by going too far backward, may open the petrosal sinuses, or wound the tuber annulare. But if we avoid all these dangers and simply cut the fifth pair itself, then the animal recovers, but with a loss of sensibility on the corresponding side of the face.

I will now introduce the instrument in this animal in the manner in which I have described, and if I succeed in striking the right point you will in all probability find that, notwithstanding the etherized condition of the animal, at the time that the point of the instrument passes through the fibres of the fifth nerve, a certain degree of pain will be evinced, by involuntary cries. This shows the extreme sensibility of this nerve, since it is the only one in the body which, when operated upon under etherization, will usually cause the animal to cry out. These cries are very similar to the moaning which we sometimes hear from a patient, when imperfectly etherized, in the course of a surgical operation. I now introduce the instrument, on the right side of the head, and endeavor to make it pass through the cranial bones just at the situation of a little depression which exists immediately above the posterior extremity of the zygomatic arch. The instrument is now in the cranial cavity—I can feel it sliding along the superior surface of the petrous portion of the temporal bone, and now, reaching the edge of the posterior clinoid process, I turn the edge downward, and move it to and fro in such a way as to cut off the fibres of the nerve. You observe that there is some hemorrhage from the external wound. This hemorrhage may come from the internal carotid artery, or from some of the more superficial vessels. In the former case it will probably prove fatal; and in the other it will soon cease, and produce no serious result. The cries which you hear from the animal are due, as I have said, to the extreme irritability of the fifth pair. We can, however, only ascertain when the operation has been successful by patiently waiting the result. Not unfrequently, after this operation, in consequence of the hemorrhage which takes place at the base of the brain, the animal remains in

a partly comatose condition for a few hours, and then gradually recovers.

There is one appearance which I already see in this animal, which shows that the fifth pair has actually been divided. You can see that the right eye has become very much more prominent than the left. This is one of the consequences of the division of this nerve, though the exact cause or mechanism of the action is not very well understood. By now examining the sensibility of the two sides of the face we may demonstrate still more satisfactorily that the fifth nerve has been divided. You will observe that on the left side when the cornea is touched with the point of a needle, the eye is immediately closed, but if the same thing is done upon the right side, the conjunctiva exhibits no sensibility, and the eye is not closed. I will now touch with the point of a needle the mucous membrane of the right nostril, and you observe that the animal evidently experiences pain, while on the right side this same irritation produces no sensation whatever. Upon the right side, therefore, the sensibility of the face is entirely destroyed. We can prick, cut, or pinch the skin, or we can pass a needle entirely through the lip, as you see, without eliciting any evidence of pain.

The most palpable effect, then, of division of this nerve is a loss of sensibility on the corresponding side of the face. Now, this loss of sensibility is complete, and remains for a considerable time. Here is a cat upon which I did the operation a fortnight ago. At that time the power of sensation was completely abolished by division of the nerve, and, I presume, is still entirely absent. The operation was performed on the right side. On the left side the cornea you observe is very sensitive. I cannot even get the point of the instrument between the lids, their closure is so prompt and spasmodic; but on the opposite side I can apply the instrument without any resistance whatever. I presume the insensibility of the mucous membrane of the nostril is the same. I now touch the left or uninjured side, and you see the effect which is produced; but when I touch the right or operated side, you see there is no resistance. In this way is demonstrated the important fact that the fifth pair is essentially a sensitive nerve in its function, and that its division destroys the sensibility of the corresponding parts.

We also find, in studying this nerve, that the morbid affections to which it is subject, demonstrate the same thing. The most severe and troublesome form of neuralgia, which is known by the expressive name of *tic douloureux*, is located in the three principal divisions of this nerve. We find, accordingly, the pain in *tic douloureux*, sometimes running up the forehead along the track of the supra-orbital nerve, sometimes in the middle or the inferior region of the face—and sometimes in all three at a time. More frequently, however, it is confined to a single division of the nerve; and I believe that it is almost invariably confined to one side of the face.

There are several other effects, gentlemen, besides those already mentioned, which are produced by division of this nerve, in consequence of the peculiar properties possessed by some of its different branches. One of these peculiarities is, that the individual loses the sense of taste in the corresponding portion of the tongue. It has been demonstrated by various experimenters, that the sensibility of taste in the anterior two thirds of the tongue resides in the lingual branch of the fifth pair: and that if this branch be divided, and any substance having a bitter or sour taste, be then placed upon the anterior part of the tongue, on the same side, its sapid qualities are not perceived by the mucous membrane. Now, in cutting off the fifth pair within the cranium, we necessarily cut off at the same time the lingual branch which supplies taste to the anterior two-thirds of the tongue, and a partial loss of this sense is the result. Another very important effect of division of the fifth pair is a paralysis of the masticatory muscles on the corresponding side. You will remember that the inferior maxillary division of the fifth pair sends branches to the

muscles moving the inferior maxilla, viz. the great temporal, the masseter, and the internal and external pterygoids. In some animals, the act of mastication is comparatively unimportant; as in the dog, who merely bruises his food by a few strokes of the teeth, and then seems to swallow it almost whole. In other instances, on the contrary, as the graminivorous and ruminating animals, it is necessary, in order that the process be accomplished properly, that all the masticatory muscles be in their natural condition; for when the lower jaw is heavy, as in the horse and ox, or where the food is of such a nature as to require powerful movements, these movements will be very much interfered with by paralysis of the muscles on one side. This is particularly the case with cats, and all the species belonging to that family. Although both cats and dogs feed on animal food, yet they differ very much in their habits of mastication. If you watch a cat and a dog eating the same kind of meat, you will fully appreciate what I have just said. The dog will gulp down his food with but little preparation, while the cat will never swallow any of it until it is thoroughly masticated. In the cat, accordingly, after division of the fifth pair, mastication is very seriously interfered with, and the animal requires to have her food cut in small pieces, before she can swallow it.

There is still another and very important consequence, which results from division of this nerve, of a totally different character from those which I have yet mentioned; that is, an *inflammation*, and very frequently a *destruction*, of the tissues of the eyeball. Within thirty-six hours after the operation, we frequently find that the conjunctiva becomes reddened, which condition rapidly increases, and is very soon accompanied by a sub-conjunctival œdema. At the end of four or five days, there is usually a commencing ulceration of the cornea. This goes on increasing, until the coats of the eye ball become perforated, and its contents evacuated. Now in this animal, where the division of the fifth pair was performed about a fortnight ago, you can see this peculiar inflammation of the eyeball going on. Although having all the external signs of inflammation, and also affecting the deep structures of the eyeball, it is nevertheless an entirely painless affection. You see the cornea on the right side is more or less ulcerated, and in the course of a very short period, probably less than twenty-four hours from this time, there will be evacuation of the contents of the eyeball. Sometimes this inflammation, after once reaching its height, again recedes and subsides without any other effect: but when it has gone so far as this, evacuation of the contents of the eye is generally the result. In this second animal, the operation was done three and a half months ago. Immediately afterwards a slight conjunctivitis showed itself, which subsided after a few days: then, after a week or two longer, the eye again became inflamed, and the affection went through its regular stages. After perforation of the cornea, and evacuation of the anterior chamber, prolapse of the iris took place through the perforation. Afterwards the inflammation gradually subsided, the iris withdrew within the interior of the eyeball, and the ulceration of the cornea healed over. The animal is now, as you see, left in a very much better condition than would have been supposed possible before. The pupil is somewhat dilated and irregular in form, the iris at its inner edge adherent to the cornea, and the cornea itself partly covered with a white and opaque cicatrix.

Lastly, gentlemen, I will call your attention to the fact, that after division of this nerve its two separated parts will sometimes re-unite. We are too much in the habit of supposing that when a nerve is divided its function is permanently destroyed; but a nerve may unite just the same as a divided muscle may grow together again, only union in the former case is comparatively slow. That I have seen to be the case with the motor branch of the fifth. In the animal which you have just seen, immediately after the operation, there were all the symptoms which usually follow complete division of the fifth pair, viz. loss of sensation on the corresponding side of the face, and loss of power over the mus-

cles of mastication. During the last three or four weeks, however, I have noticed that both the sensibility and the muscular power have been gradually returning. As I touch the cornea of the right eye, you see that there is evident sensibility in that part, though still considerably less than on the opposite side. The power of motion in the masticatory muscles of the right side, which was at first entirely lost, is now also rapidly returning. By placing the fingers on the side of the cheek while the animal is feeding, it is very easy to ascertain that the masseter on the right side, though somewhat emaciated from disuse, still contracts very distinctly whenever the lower jaw takes part in the masticatory movements. The fifth pair, accordingly, supplies general sensibility to the integument and mucous membrane of the face, and, by its motor filaments, presides over the movements of mastication.

Original Communications.

PATHOLOGY OF TETANUS.

By W. HANNA THOMSON, M.D.

[Concluded from page 71.]

THERE is but little doubt that, were we not sure that hydrophobia was the result of a poisoned wound, we would, by the irritative theory of tetanus, be inevitably led to ascribe the symptoms of rabies also to this mysterious but convenient "irritation;" but the one preceding fact of a virus introduced, does away with all difficulty towards seeing in the strange nervous symptoms, not an irritation merely, but the action of a blood poison. The well known experiments of Magendie and Breschet prove that hydrophobia can be as certainly communicated by injection of the blood of the rabid animal as by inoculation of saliva, and Hertwig (*Hufeland's Journal*, 1828) "proved by his many excellent experiments, that not only portions of the salivary glands laid on a wounded surface, but the blood itself, venous and arterial, are capable of communicating the infection."* But besides the fact we have of a state presenting the strongest analogies to the essential features of tetanus, produced by an undoubted toxineuritis, we can adduce a still nearer approximation to actual demonstration of the hematic pathology of this disease. We can produce actual tetanus, or at least something very much like tetanus, at will, by charging the circulation with a ready-made poison, in the case of the strychnine group, which in some of its forms, as *upas tieuté*, may be of very small quantity, and yet suffice to destroy life. And here again we do not mean to imply that the supposed poison in tetanus is strychnine, but only to justify the inference, that as all the phenomena of reflex excitability and cramp characterizing true tetanus can be produced by a poison, it is more natural to conclude that these same symptoms in pathological tetanus are also due to a poison, than that they are owing to a curious something taking place at the tip of a fibril, which has been scratched perhaps, which, transmitted to the spinal cord, causes a tremendous tempest from which few escape with life.

On the other hand, to the facts adduced in proof of the irritative theory of tetanic spasms being caused in decapitated animals by irritating a nervous cord, it may be replied, that all which this shows is, that reflex contractions may be caused by irritation, in low vital states. But this is not pathological tetanus, only one of its symptoms, and which it has in common with many other diseases. When this mechanical irritation ceases, the contraction ceases; but it is strangely the reverse with tetanus, for not one in a hundred, nay in a thousand, gets rid of the tetanus by sundering the communication with the local irritation, the

* Romberg, vol. II. p. 142.

disease continuing as if no local irritation had ever occurred. This distinction is very instructive, and its bearings are still further developed in the mode of recovery. Tetanus does not go suddenly off as a battery, which, once discharged, reverts into its original quiet, but the tetanic state hangs on for weeks and even months. Now if we accept the theory that the whole trouble has been the result of a process going on in the blood, the tedious recovery of the nervous system becomes readily intelligible, for it can do so only by a decline in the generating process and elimination of its products, a course necessarily involving time.

But it may be objected, there are pathological changes of frequent occurrence in the nerves of irritated parts, such as inflammation, reddening, softening, and varicose swellings of the nervous cords, which can be traced from the wound sometimes all the way to the cord itself; and further, we have well authenticated cases of the disease being arrested by section of these irritated nerves. To this it may be answered that local nervous irritation is not necessarily excluded by the hematic theory; but on the contrary, if the wound is the generating nidus of a poison, it is readily conceivable that the nerves of the part should be peculiarly affected, just as nerves may be locally tetanized and inflamed by the topical application of strychnine. "Strychnine," says Stilling, "applied to any point of the spinal cord, operates upon the entire spinal cord and brain, provided that these organs have preserved their connexion with the part moistened by the poison." Then, too, in hydrophobia we have exactly similar observations of irritated nerves, while it is important to bear in mind that while hydrophobia is a general and hematic disease, it also has its local origin, and its earliest symptoms are local pain and irritation beginning in the wound. Besides it will not do for the "irritation" pathologists to insist too strongly on these local nervous inflammations in tetanus, for many cases occur in which they do not exist at all. We think also that too much by a great deal has been made of the section of irritated nerves arresting tetanus, and we cannot help suspecting that the theory of irritation has given origin to the statement quite as much as the cases of its occurrence; for the very fact that almost all the writers who speak of it copy each the same familiar case of the midshipman whose posterior tibial nerve was cut by Murray, in 1832, and then say, "similar observations are recorded by others," is evidence that such facts are yet too rare to prove a principle, especially in the Protean deceptions of nervous symptoms.

But on the other hand, the irritative theory may be questioned with respect to its own shortcomings. And first, why does it leave itself, *i.e.* propagated irritation, entirely unexplained, without a hint of any pedigree of antecedents to generate it, but appears all at once, as Minerva sprang complete from Jupiter's brains, preceded only by a headache. "The real mystery," says Watson, "lies in this predisposition of the spinal cord to being tetanically affected." In thousands of cases these peripheral nerves may be irritated in every conceivable fashion, and yet the cord remains perfectly quiet and takes no notice of their "irritations." In truth, in our progress towards the knowledge of the essential ultimate pathology of tetanus, this theory does no more than help us, after a few circular turns, back to the same point whence we started. *Adhuc sub judice lis est*; for the question why does the cord become thus tetanizable, if we may coin the word, is as unknown as before. And yet this part of the subject, which the irritation theory leaves quite untouched, is really the whole matter; for when we are told that tetanus is caused by an exalted polarity of the spinal cord resulting from the irritation propagated from the extremity of a peripheral nerve, what does this information amount to, more than that the reason of tetanus is a tetanic state of the cord? "How can you explain, that in a piece of soft, black charcoal, and in the hard and brilliant diamond, we in each case have carbon, and nothing but carbon?" asks the learner of the chemist. "Why," responds the professor, gravely, "it is because carbon in the diamond is in an allotropic condition

from what it is in charcoal!" And similarly our pathologist replies, the reason that a trifling irritation causes tetanus is, that the cord has by some means got into a state of extreme reflex tension!

But here let us ask, what is the precise signification intended by these favorite phrases, "reflex tension," "motor discharges," "exalted polarity," etc.? for they sound as if we were speaking of silver-plating machines or telegraphs, instead of the living human body. Has it indeed been established, that nervous force and electric force are so far identical, that we can convey the technics of the one over to the other without fear of talking nonsense? We do not deny that a connexion may still be shown between the two, and some time hence the blood be rightly called a galvanic bath; but we insist that we are a very long way from it yet, and should therefore be particularly cautious of uncertain analogies, especially as the alleged similarities will soon embarrass us by proving a great deal too much. Thus we are told, that by our admirable electrometers we can now detect and measure electric currents in motor nerves during muscular contraction; but, unfortunately, as strong and equally remarkable currents as ever sped down a sciatic nerve can be observed coursing cucumber vines, on any warm spring morning. These delicate meters only prove to our minds that electric currents may accompany or happen during nerve action, as they may during almost anything connected with motion, chemical changes, or active nutritive metamorphoses. We would not for a moment depreciate the researches of electro-physiologists, but we deny that they have yet explained one single nervous process with their ingenious and valuable instruments, much less any abnormal nervous process. We feel certain that the mysterious and fearful change from the healthy state of the nervous system, responding in such a wondrous and beautiful manner to both the outer and inner world, to that appalling condition when the gentlest impressions of the Creator's best gifts, light, air, and water, become so many quivering shafts of death, is as different from tension, polarity, and all such, as the growth of an embryo is different from the increase of a crystal. We object, therefore, to the use of these electric terms here, first because it is very difficult to dissociate the original ideas from the words, especially when we apply these words to such well-nigh unknown subjects as nervous processes; and secondly, because no such interchange is warranted by the very few analogies between the two.

The hematic theory, on the contrary, we think, gains additional probability to itself by offering a very natural explanation of many features of tetanus, such as its idiopathic occurrence, and its epidemic prevalence, connected, as many observers have remarked, with a malarial atmosphere. For if the cause lies in a materies morbi generated by depraved secretions or decompositions in the system, it easily follows that conditions productive of reduction or depression of systemic power, such as exposure to cold, weakening influences of long continued heat, malarial atmosphere, and other agents whose common result, though by opposite modes, is to lower the innervation and vitality of the constitution, may be sufficient not only to cause tetanus to follow a slight external scratch, but even produce it from some internal congestion, inflammation, or other depravation.* The bearing of facts of this kind is so

* Depressed states of organic nervous power, connected with nervous susceptibility and with increased irritability, seem to favor the occurrence of an attack of tetanus. More especially intertropical or warm and miasmatic localities, or otherwise contaminated states of air, and the arrest of the excreting processes, further tend to favor the appearance of the malady, by accumulating excrementitious materials in the blood, and aid the operation of the exciting causes enumerated above. (*Copland. Art. Tetanus.*) In confirmation of these words of Dr. Copland, we may state, that during a residence of some years in the East, in Syria, we found tetanus very prevalent during the rainy season, and comparatively rare in the dry. "A moist and damp air," says Williams (*Princip. of Med.*, p. 435), "must be considered lower than dry air in its vivifying power, inasmuch as it contains less free oxygen, and has a lower diffusive property to aid in its pervading the lungs in respiration. The greater facility which it affords the process of decomposition and infection should also be scored against it. Its disordering action may be in great measure traced to the physical properties of abstracting heat and electricity, and of checking

evident, that it has led many who favor the generally accepted pathology to qualify their statements for these conditions. "Tetanus, even," says Headland (*Action of Medicines*, p. 254), "depends very much on certain atmospheric conditions. There are sometimes, as it were, epidemics of tetanus, in which the slightest abrasion will suffice to bring it on among the people residing in a particular neighborhood. Facts like this must certainly be regarded as pointing to a condition of the blood as one, at least, of the causes of this terrible disorder. . . . We might conclude from these facts alone, that the blood is often the seat and origin of these diseases [of the nervous system]. But there is yet a stronger reason to induce us to suppose that they are frequently produced by some poison in the blood, which acts on and disturbs the nervous organs. Many medicinal substances present us with an artificial illustration of this action, for vegetable neurotics often, after their passage into the blood, bring about transient nervous symptoms, which are identical with those of disease. *The same is apparently the case with those unknown animal poisons that operate so as to produce nervous symptoms, without a nervous lesion.*"

Many have spoken of cold as a cause of tetanus, but it is not a whit more so than heat. "Larry," says Dickson, "had an appalling proportion of cases among the wounded at the battle of the Pyramids, while after the battle of Eylau, under exposure to driving snow, extreme cold, and great hardship, very few were attacked." It is a cause of tetanus only when the result of its influence is the same as that of hospital air and debilitating heat—depression; and the chief feature of tetanus, its great systemic prostration, ought to lead us, from the family resemblance, to look for its parent, not among the agents that "exalt" functions, but among those that depress them.* The whole phenomena of spasmodic diseases are now being more truly recognised as indicating asthenic rather than sthenic antecedents. The anæmic pathology of epilepsy may be considered as almost established. Hysteria and hysterical tetanus are now classed among diseases of hematic origin. The connexion of chorea with rheumatism, and of rheumatism again with certain forms of tetanus, is now more than probable; and theories once forgotten, we can readily see that increased reflex excitability is always an unmistakable sign of weakness. Who ever sees a blacksmith with fidgets? When, therefore, an acute malady appears whose distinguishing feature is a sudden and amazing increase of reflex excitability, perhaps in the system of a soldier or stone-hewer, the hematic theory answers—this is the result of a powerful exhaustive poison, attended with a rapid lowering action, while the irritative theory can only answer that the stone-hewer has somehow grown nervous and even more irritable than the lady who jumps from her seat at the slam of a door, by getting his spinal cord into a state of reflex tension from a "propagated irritation!"

The hematic relations of nervous diseases are yet but little investigated, but the results already obtained lend far more countenance to the hematic origin of tetanus than

against it. The researches of Eckel on the state of the blood in insanity, especially the changes that occur in the paroxysms of mania, are of exceeding interest quite as much with respect to the analogous affections of the spinal cord as to the functions of the cerebrum, for there it is in the blood that we can find alterations, when scalpel and microscope have sliced and peered in vain. The state of the vital fluid in tetanus has been strangely overlooked by pathologists; and many, no doubt, are deterred from the investigation by the extreme nicety of the processes for that determination of hematic changes on which reliance can be placed. Tetanus, however, is a disease of common occurrence in animals, especially horses and sheep; and it seems to us, something might be learned from experiments of transfusing the blood of an animal, so affected, into healthy animals. Even if tetanus did not follow from the first experiment of this kind, it would not militate strongly against the hematic theory, for many similar failures occurred with the same experiment in hydrophobia, some dogs refusing to take hydrophobia in any fashion; one, mentioned by Hertwig, having resisted no less than nine careful inoculations with the saliva in three years. But the converse of this is also converse in the deduction, for one well marked case of tetanus produced by injection of blood, would prove what several failures would not disprove.

The important practical bearing of the view we entertain of the pathology of tetanus, when we are to resort to the treatment of this fearful malady, is evident enough. If we look at it as made up of severe spasms from an exalted state of the proper function of the cord, we will use sedatives and relaxants without stint. We read accordingly of laudanum taken by the pint, and of heroic doses of belladonna, aconite, tobacco, and woorara, but unfortunately with little more effect on the tetanus than so much sweet oil. Certainly in its well-marked forms, the failures of treatment in this affection do not fail to keep up the analogy with hydrophobia. But if we regard the blood as the primary seat of the disease, our main reliance will be placed on hematic agents, such as iron, mercury, or iodine; and in practice these medicines have been quite as successful as nervines, if not more so. Dr. Elliotson long ago praised the efficacy of large doses of carbonate of iron. "The only two cases that ever recovered under my exclusive care," says Dr. Dickson, "were early and profusely salivated, and kept so for many days." We would, from the acknowledged power of iodine over strychnia as first enunciated by Donné, look to this agent as perhaps under certain conditions curative, but the analogous compound of the bromide of potassium seems to offer a still better prospect of success. Its remarkable power as an antidote to animal poisons, as in snake-bites, has been sufficiently tested, we think, to establish it; but it has also proved of very singular benefit in several spasmodic diseases. Dr. C. B. Radcliffe uses the following strong language with reference to its action in epilepsy: "I can testify that bromide of potassium is a very valuable remedy, more or less serviceable in cases the most dissimilar in character—so serviceable that the name of Sir Charles Locock ought always to be remembered with gratitude by every epileptic, and by many suffering from other kinds of convulsive disorder. How to explain the *modus operandi* of this medicine is no very easy matter, but I am inclined to think this, in part at least, is by an alterative action upon the blood."* But though we would place our main reliance on such hematic agents as directed to the cause and not to the mere symptoms of the disease, nervines would yet hold an important place in the treatment, as they do in all great nervous derangements; but instead of selecting those of a sedative or depressing nature, we would, from the primary tendency of the malady to exhaustion, be disposed to resort to nerve stimulants, as assafoetida, musk, camphor, and alcohol, to uphold the sinking nervous force, while the hematic agents were counteracting the toxic cause in the circulation.

perspiration and assimilation, which it obviously possesses. Hence ensue the retention of lactic acid in the blood, the formation of oxalic instead of lactic acid, and the imperfect elaboration of the plasma; and these aberrations from the normal chemistry of the body may manifest themselves in the shape of various diseases of the blood."

* West, speaking of trismus neonatorum, says: "Nothing can be more satisfactorily proved than the tending of a vitiated state of atmosphere to produce it. Where such a condition exists, there trismus abounds, be the peculiarities of climate or temperature what they may. It is very frequent among the children of the negroes in the slave States of America; it is depopulating the island of St. Kitts; and sixty-four per cent. of the infants born in Westmanoe, a small islet off the coast of Iceland, die of it between the fifth and twelfth day from birth. Dirt and defective ventilation are probably almost the only points in common between the dweller in the Southern States of America and the inhabitants of Northern Europe and the Arctic regions. But if any further proof were needed that to this cause this disease is really to be attributed, we are furnished with it in the records of the Dublin Lying-in Hospital. Sixty years ago, one-sixth of the children born in that institution died within a fortnight after birth, and trismus was the cause of death of nineteen-twentieths of these children. Dr. L. Clarke adopted means to secure the efficient ventilation of the hospital, and the mortality fell only 1 in 53, and but a little more than the ninth part of that mortality depended on trismus." (*Diseases of Children*, p. 154.)

* Radcliffe's Gulstonian Lectures—Convulsive Diseases. 1860.

CRUVEILHIER'S ATROPHY
OF THE
UPPER EXTREMITY FROM INJURY OF THE
WRIST-JOINT (?)

RECOVERY UNDER THE USE OF FARADIZATION.

BY FREDERIC D. LENTE, M.D.,

OF COLD SPRING, NEW YORK.

T. D., aged 17 years, apparently in robust health, applied April 12, 1859, for "weakness and wasting of the right arm," with the following history. More than three years ago, he fell down a rocky precipice, with steep rugged sides. I was called to him after he had been carried to the house, and found that he had suffered no material injury anywhere, but was severely bruised all over. He says now that there was an injury and displacement of the right wrist, but he did not, at the time, think it serious enough to call attention to it, and it escaped my notice. About a year ago, he went to work in the foundry here, which caused the wrist to be brought into pretty powerful action; he then complained of considerable pain at the seat of injury, and finally applied to Dr. Hardaway, then my assistant, who gave him tinct. of iodine to paint over the wrist. This gave no relief, and the pain has troubled him ever since, always greater when the work is harder, or more continuous, and seldom troubling long after leaving off work. Three months ago, he noticed a gradually increasing *weakness* and *wasting* of the forearm and arm, and this has very much increased of late. The lower extremity of the ulna projects considerably, and the wrist has very much the appearance it presents after Barton's fracture. In fact, there has been undoubtedly a fracture of the lower end of the *radius*, as the line of fracture posteriorly can be distinctly traced. Just over the posterior aspect of the carpo-ulnar articulation, is a soft and very slight tumefaction, pressing upon which, he complains of quite severe pain. He cannot extend the hand perfectly, nor can he flex the fingers to more than half the natural extent. He does not complain of any "numbness" of the affected member, or of pain of any description in any other part than that mentioned; nor has he ever done so. The *sense of touch* is perfect, and there is no tenderness of the spinal column. The muscles of both the arm and forearm are very flabby, and do not become at all rigid when brought into action; whereas, those of the left arm stand out with remarkable prominence when similarly circumstanced. The *deltoid* is the only muscle unaffected. The right limb, to the eye, appears at least one quarter less in muscular development than the left. By actual measurement, the right arm is, in circumference, nine inches and a half; the left, ten and a quarter; the right forearm, ten inches; the left, eleven and a quarter. It was noticed, by himself and his mother, that the wasting of the member preceded the weakness.

Treatment.—Faradization for twenty-five minutes daily, by means of the apparatus of Legendre and Morin; the positive pole about the shoulder, and the negative held in the hand. Friction twice daily, with veratrine ointment over the painful part. To take potass. iodid. gr. iv. *ter die*. It is not convenient for him to quit work for the present, so he is allowed to continue it. Latterly, the use of his right arm has become so difficult and painful that he has learned to use his left in striking with the hammer, and thus he relieves the right when it becomes tired. April 15, states that his arm felt weaker when he awoke to-day, and that it has felt weaker all day; is using the lowest power of the apparatus, and with this cannot hold the positive conductor in his right hand, while he can do so without discomfort in his left. Has had no pain about the wrist since using the ointment twice. To stop it, also the iodide, and take tinct. nucis vomice \mathfrak{M} iv., strychnie gr. one sixteenth *ter die*. Continue electricity. April 19.—Thinks the strength of the arm is increasing a little. He is also using friction of the arm several times daily. April 24.—

Thinks that he has been gradually improving; the electricity is used regularly except on Saturdays. To discontinue the strychnine and nux vomica, as he thinks it makes him feel uncomfortable. May 9.—Patient thinks he has perceived a regular, but very gradual improvement since the first few applications of the electricity. The muscles are evidently firmer, and now stand out quite distinctly when brought into forced action. By measurement, the size is the same; has not been working for a couple of weeks; allowed to go to work again at his request, but not to boiler-work, which necessitates constant hammering with a heavy implement. July 15.—The application has been daily continued with the exception of a few days when he was absent from the place. He now uses the arm almost as well as ever at his trade, boiler-making. It has, however, but very slightly increased in size; but the muscles are much harder, and quite distinct from each other when brought into action. July 30.—Has been working very hard lately, and has not been able to use the electricity with any regularity, but the arm still improves, and he is directed to continue the treatment for the present. October 4.—Has used the electricity but little since last date, and complains now that the arm is growing weaker again, and that the wrist is painful. Upon examination, the muscles are much more flabby than when he was last seen. Directed to re-commence the treatment. October 11.—The electricity has been applied since last date by means of a large rotary magneto-electric apparatus, combining five permanent magnets. But patient states that he does not improve as he did when using the other machine. He is accordingly directed to have the latter again applied. November 12.—He has been using the machine regularly up to this date, and, as he states, with regular improvement. March, 1860.—Patient, finding himself very well after continuing the application for a couple of weeks longer, discontinued it. He can now work continuously without fatigue or pain. The limb has a totally different appearance from what it had at first; the muscles being hard and well developed. By measurement, there is a gain of half an inch in the circumference of both the arm and forearm. Jan. 8, 1861.—Has had no further trouble.

Cold Spring, January 11, 1861.

DIPHTHERIA, AND ITS TREATMENT,

By R. R. LIVINGSTON, M.D.

OF PLATTSBROUGH, NEBRASKA TERRITORY.

DIPHTHERIA is by no means a new disease, as many are in the habit of styling it, for the curious in medical literature will find it described in writings dated as far back as the sixteenth century; and the probabilities of its existence long prior to that time, are certainly very strong. Owing, however, to the imperfect knowledge of pathological anatomy among the earlier writers, its anatomical characters were but imperfectly described; while it suffered, at their hands, the fate of being confounded with other diseases of the same class. Indeed, among our own writers this confusion obtains to a very considerable extent, as sundry discussions, on this subject, before some of our academies of medicine amply testify—where Professors and others who are looked up to as the great lights of our science, have followed almost in the very footprints of the earlier teachers in medicine.

There is no denying the fact that this disease has been forced into a scientific alliance with *Cynanche Trachealis*, and while I strongly doubt the propriety of this confusion, I readily admit, that so truly difficult is a correct diagnosis in numerous cases—one that can authoritatively indicate a marked and unmistakable difference between the two diseases—that many, myself among the number, have sometimes fallen into the fatal error of assuming one for the other. The only consolation I have found, when too late to remedy the error, was, that I was not alone in the false

treatment, assumed as the best. In truth, the mortality of diphtheria is not so much owing to its fatal and death-doing character *per se*, as it is to the too frequent employment of debilitating remedies based upon an incorrect rendering of the complicated symptoms offered for inspection. I feel that in advancing this assertion, I am venturing on dangerous ground; but I fear that if I have been bold, not a few of the Profession will admit it has been on the side of truth.

Guerent, Bretonneau, Laennec, Cullen, and a host of high authorities have noticed this form of angina, but, as at the present day, it has been considered as merely a more malignant type of another disease. Under the terms *cynanche maligna—plastic pharyngitis—diphtheritic maligna—angine gangreneuse—diphtherie—angine couenneuse—ulcerated sore throat—putrid sore throat—black tongue*, &c., it has been known and described, in part, but nearly, if not always, in connexion, as above stated. Medical works on anginous affections are certainly numerous enough, but notwithstanding this, there seems to be a desire among practitioners to-day for more, if not better, information on the subject. My experience has led me to arrange all the cases of diphtheria which I have treated or witnessed, under two heads, viz. *Sthenic* and *Asthenic*. This is a simple classification, and yet I have found it comprehensive enough to embrace every variety which has fallen under my notice.

In the *Sthenic* form there are no *premonitory* symptoms, or if they exist, they are always of very short duration; and this might in many instances be held true of the stage of *invasion*, for there are cases in which the affection steps, as it were, at once into the arena, in all its force and violence. More commonly, however, the invasion is marked by rigors and flushes of heat, following each other in quick succession, until the whole surface of the body becomes intensely hot, and the fever is fully developed. The first alarm may be a cough, or not; the pulse is full, vigorous, and hard, sometimes irregular; the tongue retracted, coated little or much, with clear red tip and edges; the fauces, tonsils, velum palati, and the lateral arches are generally red and inflamed; the uvula elongated at times, so as to cause a suffocative cough; not unfrequently one or more white spots will be discovered on the tonsils—frequently not; the eyes are unusually sensitive to the light, suffused and brilliant; the bowels torpid; the urine small in quantity, and high-colored; albuminuria is not always present; the brain is unimpaired, and the whole train gives evidence of vascular irritation, with increased action. In the formidable varieties of this type, encephalic disturbance supervenes before the pseudo-membranous exudation is formed, and the coma, convulsions, and death ensue; or the vital energies are prostrated, and the patient sinks rapidly into the typhoid condition. In this variety the invasion is sudden, the disease attacking the subject while in the full enjoyment of health, and for the most part selecting for its victims the plethoric and robust.

In the *Asthenic* form, the stage of invasion is always preceded by those peculiar premonitory signs which characterize this type of disease, viz. lassitude and weariness, occasionally diversified with a temporary rallying of the general powers; loss of appetite; pale and dejected countenance; eyes dull and lustreless; there may be some complaint of soreness in the throat towards evening, and a cough may be present, but the efforts of coughing will be accompanied by all the phenomena indicating pain in the region of the throat; not unfrequently there is little or no complaint of soreness, until the stage of invasion sets in, and terminates this general feeling of malaise, by the usual chills and hot flushes running on, until the pyrexia is established, generally in from five to twelve hours. There is then increased action, constituting the stage of excitement, but this speedily subsides, and the typhoid character of the malady is evident from the nervous disturbance. Remissions sometimes take place towards morning, but our guide must be the irritation with *decreased power of*

acting, the vital forces seeming to fail from day to day; and then we will hardly fail of recognising the adynamic tendency of the subject. The local symptoms in this form are not always alike; one or both tonsils may be marked with white or greyish spots, surrounded by inflamed edges; there may or may not be a ropy mucus in the mouth, hanging like a film from the roof of the mouth to the tongue when examined; more often there is considerable fetor of the breath; the efforts to swallow are painful; the glands of the neck, more particularly the submaxillary and parotid, will be swollen, and hard and painful to the touch; the fauces will be inflamed, and the appearance of the throat generally gives evidence of inflammatory action. Usually there will be found in some, or all of its parts, patches of concrete exudation, and streaks of the same, surrounded with the usual red edges; the pulse is rapid, weak, and irregular; and occasionally there is an exanthem over portions of the body. As the disease advances, the prostration increases, the pseudo-membrane may extend, and give a croupal form to the disease, and death may result from asphyxia; or the exudation may be so slight as not to embarrass the respiratory organs at all, and yet the patient may sink into a hopeless coma, and death terminate the scene.

Both these forms of attack are subject to modifications, and I have witnessed cases in which there was no febrile reaction at all, the system remaining oppressed throughout the whole disease; the vital energies being literally overwhelmed from the first moment of attack, sinking the patient steadily until vital action ceased altogether.

It has been from a careful observance of the foregoing constitutional as well as local symptoms, that I have based a treatment upon the "*febrile character*" of this disease, and assumed a division, which in practice has resulted as favorably as I could have desired. The "*initial treatment*," if you will grant me the expression, is of the very utmost importance towards a favorable termination, and should ever be the result of a careful discrimination between the two forms of attack I have so hastily sketched. It is when first called to the bedside of a patient suffering from diphtheria that we are most apt to make a *fauz-pas*, and not unfrequently, too, an irretrievable one, for the case which demands sustaining treatment will scarcely admit of any debilitating measures, and *vice versa*.

In the treatment of the *sthenic* form of diphtheria constitutional as well as topical remedies are of the utmost importance. There are three principal indications to fulfil: 1st, to reduce the momentum of the circulation; 2d, to remove any acrid or irritant matter which may produce undue excitement; 3d, to restore the secretions of the liver, kidneys, and skin.

The first indication can very readily be accomplished by a careful administration of Norwood's fluid extract of veratrum viride—never pushing the doses to emesis—or the use of the lancet in a bold manner at the first bleeding, always opening a large orifice, and obtaining a full stream; frequent abstractions of blood are to be deprecated. The second is obtained by the use of sulphate of magnesia combined with minute doses of antim. tart., or the citrate alone, or jalap and pot. bitart. To restore the secretions the cautious use of calomel combined with ipecac, the warm bath, and spts. ether. nit., will answer every purpose. The topical treatment consists for the most part of insufflations of powdered burnt alum, and the removal by any means of the pseudo-membranous exudation, if it exists. Touching the patches with muriatic acid has sometimes proved highly satisfactory; but I never make use of gargles unless the mucous membrane of the throat is extensively implicated, and then I use a strong solution of argent. nit. Let me here urge the imperative duty of the physician to watch the disease constantly, for the whole character of the malady may suddenly change to a typhoid of a low and dangerous form; and the patient may sustain irreparable injury from the hands of some kind-hearted nurse in whose care are the remedies adapted to the inflammatory stage.

Warning and frequent visits can alone avert a mistake at this period, for it is now that the real skill in medication is demanded, and upon a correct appreciation of the symptoms the life of the patient depends. If with the subsidence of the sthenic type of the disease, there appears a typhoid tendency, with prostration, we should not hesitate to sustain the patient; although the pulse be rapid, its volume will be found far below its standard, and unless prompt and efficient aid is afforded nature will sink and the patient die. Tonics are sometimes inefficient to answer the end, and I have had to resort to stimulants. Madeira wine I have found the best. Of the tonics, muriated tinct. of iron and bark, or its alkaloid, the sulphate, are the best; strychnia and iron also form an efficient and powerful tonic. If we follow the general rules of practice in the case of a typhoid patient, our success will be insured.

In the asthenic form of diphtheria the general rules of treatment will be based upon the stage in which the patient is found. If called during the premonitory stage, which is almost always of considerable duration, arouse the secretory powers of the principal organs by the use of the usual means; and if possible, to secure healthy secretions before the accession of the stage of excitement, use quinine and iron as a prophylactic, and introduce chlorate of potassa into the system freely to disinfect the blood, for I regard diphtheria as essentially a blood-poisoning as our most malignant typhus. In the stage of excitement, moderate the force of the circulation, but be careful not to destroy the tone of the stomach. Keep it intact, if possible, for with the first signs of nausea the disease resumes a more dangerous character. The septic tendency will indicate the free employment of disinfectants, as chloride of lime, in the apartment where the patient lies. The clothes must be frequently changed; the bath, warm or tepid, according to the condition of the heat of the body, should be employed occasionally to restore the function of that important organ, the skin, and also for the sake of healthful cleanliness; pure air is all-important. When the pyrexia ceases, and the work of prostration begins, meet the indications with stimulants or tonics as the case may require.

Of course the local difficulties of the throat will need early and assiduous attention. Insufflations of powdered burnt alum, every one, two, or three hours according to the urgency of the case, and the steady and frequent removal of all appearances of plastic exudation, whenever it forms, so as to give the alum a fair opportunity of reaching the seat of disease, I have found usually sufficient. Touching the spots with nitrate of silver was a favorite plan with me, but I have abandoned it for the use of alum. I am convinced of the great and paramount importance of the frequent use of these insufflations, in cases where the membranous deposit forms rapidly, from experience. If the larynx becomes involved the danger is increased an hundredfold, and it must be prevented by this treatment; even this, however, will fail sometimes, and then the method of producing a separation and expulsion, by the use of emetics, as practised in croup, comes foremost to the mind; but I never practise it; fear of disturbing the stomach prevents me. Instead of emetics I use a feather, or other convenient instrument, wherewith to procure such titillation of the fauces as will cause coughing, and the same expulsive efforts as ensue from emesis, without its debilitating effects. But this too will fail, and asphyxia seems imminent. What then should be done? Would any sane practitioner hesitate to announce to the relatives and friends of the patient, the importance of the sole remedy left? I grant that this is a fearful ordeal for the physician as well as the patient, but I would not deny them the only resource which remains when this moment arrives. Tracheotomy is the *dernier ressort*, and let it be done, hopefully and with confidence; but do not delay until the membranous deposit lines the bronchi. The exact moment of election must be left to the discretion of the attending physician, but I would advise that it be done early. Twice in my practice I have performed it, once only success-

fully; but I think that the first case was operated on too late.

Convalescence from diphtheria is fraught with danger, and requires the enforcement of all the attendant's orders; it is tardy, occupying not weeks but months, and throughout the sustaining treatment must be followed.

Finally, let me say, I believe this affection to be contagious. I think that I am safe in asserting that I know it to be so. Let then the family physician, when called to such cases, warn the parents of the fact, and he will, in fulfilling this duty, perchance save the lives of some of the family.

Reports of Hospitals.

ST. LUKE'S HOSPITAL.

SERVICE OF DR. CLARK.

ANEURISM OF THORACIC AORTA.

[Reported by EDWARD B. DALTON, M.D., Resident Physician.]

A MAN, forty-three years of age, entered St. Luke's Hospital in April, 1860, having a small pulsating tumor situated just beneath the angle of the left scapula. He gave the following history:—"Having previously enjoyed general good health, he began, during the month of May, 1857, to be subject to severe pain in the left side, accompanied with palpitation of the heart, especially on violent exercise. These symptoms troubled him more or less constantly for the ensuing two years, though never compelling him to abandon his ordinary occupation, that of a weaver. In the month of March, 1859, he suffered from an attack of acute articular rheumatism, and some six weeks later entered St. Luke's Hospital in an enfeebled condition, and complaining of severe pain in the left side of chest, especially about the cardiac region, and of palpitation. The left side of chest was moderately dull on percussion, its motion in respiration less free than that of the right, and its intercostal spaces more prominent. The respiratory sounds were feeble over the entire posterior aspect of chest. The apex of the heart was found at a point two and a half (2½) inches below the nipple in a direct line. The cardiac impulse was abnormally forcible, and perceptible over an unusually large area. On auscultation a souffle was heard over the left chest posteriorly, while over the situation of the base of the heart a double murmur was to be heard.

After several weeks the patient left the hospital much improved in general condition, and greatly relieved of his special symptoms, though by no means free from them. The thoracic pain and occasional palpitation continued to trouble him; and in February, 1860, his general health again failed to such a degree as to oblige him to give up work. A few weeks later, in March, he discovered the phenomenon for which, with its accompanying symptoms, he re-entered the hospital during the following month. At that time a pulsating tumor was apparent just below the lower angle of the left scapula, semi-ovoid in shape and measuring 4½ inches in its longitudinal, and 3½ in its transverse direction. The pulsation was forcible and expansive in character. The overlying tissues were tense and elastic; the skin retained its natural color, and there was no marked tenderness; there was no thrill. On auscultation directly over the tumor a distinct double murmur was heard; as there was also in front over the heart. A more extended examination detected moderate dullness on percussion over the left side of chest, with enfeebled respiratory sound. The ribs in the vicinity of the tumor were very slightly, if at all, abnormally movable. Upon this point there was difference of opinion. There was slight loss of sensation in the skin covering the chest and abdomen on the left side, but no muscular paralysis.

The patient suffered from night-sweats of moderate severity, but was able to walk about with ease. During the first six weeks of his residence here he suffered occasionally with moderate pain in the left chest, and with attacks of palpitation and irregularity of the heart's action. His general health became decidedly improved; the night-sweats abated, and the attacks of pain almost entirely ceased. The tumor steadily increased in size, retaining otherwise the same characteristics as at first. Through the month of June, the patient's condition was very good, and almost no medication was called for, except now and then for a recurrence of the night sweats. With the exception of a slight inclination towards the left side he walked erect, used his limbs with ease, and was able to be out of doors nearly every day. The tumor steadily increased in size, its right limit being close to the vertebral column, and its increase being towards the left and downwards. The same condition, with accidental variations, continued through July and the early part of August. At that time the tumor had reached the size of 6½ inches lengthwise, and 4½ transversely; and still presented the same phenomena as at first. During the latter part of August and September, the patient's general condition deteriorated very much, and he was frequently confined to his bed for several days at a time mainly from debility, at times amounting to exhaustion. He suffered but little pain, and no treatment was necessary, further than for nourishment and support.

Early in October, the increase of the tumor became suddenly more rapid. It was no longer confined to the left of the spinal column, but encroached upon the latter until it entirely covered it; and on the 22d of the month presented a transverse measurement of 7 inches, and a longitudinal one of 8½. At the same time, a narrow and flattened extension of the tumor was observed from its lower edge along the left side of the vertebral column for some four inches, and having the same expansive pulsation as the tumor itself, although in a less degree. The paralysis of sensation over the surface of the left side of the chest and abdomen became more decided, but was still unaccompanied by any loss of muscular power. Pain in the chest became a troublesome symptom, and the patient's general condition rapidly deteriorated. The physical signs were in all important respects the same as at first. The tissues overlying and in the vicinity of the tumor were very tense, and the question of the mobility of the ribs was still mooted. Some of the gentlemen who examined the case felt satisfied of the existence of unnatural mobility, while others doubted or denied the evidence.

The constitutional symptoms now became steadily aggravated, and the pain more constant and severe, extending through both sides of the chest, and at times into the abdomen. The patient hardly left his bed, though he could sit up with ease, and apparently suffered from no impairment of muscular power further than that resulting from general debility. On the 13th November the tumor extended fully between the angles of the two scapulae a length of eight inches, and measured nine inches in the opposite direction. On the 22d of November these measurements had increased respectively to eleven and thirteen inches. Still the physical signs and general phenomena remained materially the same as in the earlier history of the case; with the exception that as the protrusion and extension of the tumor became constantly greater, the double-murmur heard upon auscultation became less distinct, at times scarcely audible. The pulse at the wrist had now become very feeble, and was frequently so very small, and the patient's whole appearance indicative of such utter prostration, that it would seem impossible he should survive more than a few hours. The thoracic and abdominal pain was almost constant and very severe.

On the 18th of December, in view of the difference of opinion which had existed regarding the character of the tumor from the first, an exploratory puncture was made at a point near its upper limit, and three inches to the right

of the spinal column. The tumor was slightly softer in that situation than elsewhere, and a slender, grooved exploring needle was introduced throughout its entire length of 2½ inches. The point of the instrument encountered resistance everywhere, and no cavity was reached. A few drops of fluid blood followed the withdrawal of the needle, and its groove was filled with blood and fibrine. A coating of collodion and lint was placed over the wound, and no unfavorable symptoms resulted from the puncture. At this time the tumor occupied the whole breadth of the back, standing out flush with either side, its transverse measurement being now the greatest, viz. seventeen inches, from above downwards it extended fifteen inches, and had a depth of seven inches.

With the exception of slight ulceration of the skin over the tumor, there was no marked change in the character of the patient's symptoms after the last date until the 9th of January, 1861, when he quietly died as if from exhaustion.

Autopsy, eighteen hours after death.—The appearance of the tumor was the same as before death, except that its tension and that of the adjacent parts was no longer present.

On laying open the chest old and firm pleuritic adhesions were met with, especially on the left side. After the removal of the lungs a tumor was disclosed lying directly beneath the aorta, just below the arch. Its long diameter, parallel with the course of the artery, was five inches, its transverse four and a half inches. The tumor was well defined, except on the left side, where its limit was lost in an irregular, flattened swelling which spread off to the ribs, and occupied an area of some four or five square inches. A longitudinal incision was made through the anterior wall of the aorta, through which was seen, in the opposite wall, a regular, oval aperture, about five-eighths of an inch in diameter, situated some three inches below the arch. This aperture communicated directly with the underlying tumor, which was now proved to be a pouch formed by an expansion of the arterial coats. Compression applied to the large tumor outside the posterior thoracic wall forced a stream of blood through this aperture. The body was now turned over, and an incision carried through the entire length of the external tumor, when the latter was found to be a pouch formed solely by the expansion of the tissues overlying the bony thoracic wall, and lined for a depth of three inches or more with dense coagulated blood. Within this was a cavity of considerable capacity containing fluid blood, and communicating with the internal or true aneurismal sac by an irregular chasm through the eroded bony wall, where the arterial coats had ruptured.

The dorsal vertebrae from the sixth to the tenth inclusive were considerably eroded, the seventh, eighth, and ninth extensively so, especially on the left side. At this situation there was slight lateral curvature, its convexity towards the right side. The fifth, seventh, eighth, ninth, tenth, and eleventh ribs on the left side were also partially destroyed, the ninth and tenth being severed from their connexion with the column, and wholly wanting for some three inches of their length. The spinal canal was nowhere opened into. Within the chest, beside the aneurismal sac, and to the left of it, the soft tissues had been forced off the ribs; thus giving rise to the flattened swelling observed in the early part of the examination.

BUFFALO HOSPITAL OF SISTERS OF CHARITY.

SERVICE OF PROF. T. F. ROCHESTER.

[Reported by H. P. BARCOCK, Student of Medicine.]

ACUTE ARTICULAR RHEUMATISM SUCCEEDED BY PERITONITIS AND PERICARDITIS; RECOVERY.

JOHN McHUGH, aged 19, was admitted December 8, 1860, suffering with articular rheumatism in the lower extremities, after an illness of five days; joints swollen and painful; pulse 85; high fever; tongue heavily furred; bowels constipated; heart sounds normal. He has had feb. int., and

states that he now has an exacerbation of fever every afternoon. *R.* Hydrarg. chlor. mitis et rhei aa grs. x. followed by rochelle salt ʒ ss., also quinine sulph. grs. vj. every four hours, and pulv. doveri grs. viij. at night. Cotton wadding around limbs. This treatment was continued till the 8th, when he complained of considerable pain in the abdomen, which was considered rheumatism of the muscular coat of the bowels. The treatment was continued, and a purgative enema administered. On visiting him next day, it was found that the abdominal pain had increased; that there was great tympanitis and tenderness on pressure, especially in right iliac region. Respiration was hurried and thoracic; decubitus dorsal, and knees drawn up; febrile movement intense; pulse one hundred and thirty; administration of quinia suspended; ordered pulv. doveri grs. x. et morph. sulph. gr. ʒ M. every four hours. Hot fomentations to abdomen. *December 10.*—No improvement. *R.* Hydrarg. chlor. mitis gr. j. et pulv. opii grs. ij. M. every four hours, and morphia as before. He gradually improved under this treatment till the 15th, when his pulse, which had fallen to one hundred, suddenly rose to one hundred and twenty, and was small and feeble. On auscultation over the cardiac region a well marked basic bellows murmur was perceived. The area of præcordial dullness augmented with local tenderness. Heart sounds faint and distant. *R.* Blister 3×3, to be dressed with ungt. hydrarg. mitis and pulv. opii every four hours internally. Calomel suspended, as it was producing free catharsis. *Tr.* opii ʒj. by enema; beef essence freely. *December 18.*—Abdominal tympanitis and tenderness much less; area of præcordial dullness diminished; apex beat perceptible in fifth intercostal space; basic bellows murmur very faint; heart sound more distinct; pulse one hundred. *R.* Pulv. opii et quinae sulph. aa gr. j. ipecac gr. ʒ M. every four hours; whiskey ʒ ss. every four hours. *December 21.*—Great improvement; pulse ninety; bowels more spontaneous. *R.* Quinine sulph. gr. i., pulv. opii gr. ʒ every four hours. From this time patient rapidly convalesced. The exceptional noteworthy feature in the above case is the supervention of peritonitis on rheumatism of the muscular coat of the bowels. The subsidence of pericarditis under the almost exclusive use of opium and stimulants is likewise deserving of remark. No decided evidences of mercurialization could be detected on the gums or in the breath, and no mercury was given after the detection of pericarditis, except a little endermically in the form of ung. hydrarg. mite which was used for three days as a dressing to the blistered præcordial surface.

UNIVERSITY MEDICAL COLLEGE.

PROF. ALFRED C. POST'S SURGICAL CLINIC.

CURIOUS DEFORMITY; EXSECTION OF THE HEAD OF THE BONE. REDUCTION OF DISLOCATION OF HEAD OF OS BRACHII OF SEVEN WEEKS' STANDING.

CASE 27. Resection of Head of Os Brachii for Dislocation with Fibrous Ankylosis.—Rachel L., æt. 8 years. This is a pale and delicate looking child, who has a remarkable deformity of the right upper extremity. The father says that the arm was injured during the birth of the child, and that it has been deformed ever since. There is no considerable motion of the shoulder-joint, but the scapula moves freely upon the trunk. The position of the arm is that of extreme inward rotation at the shoulder-joint with the hand behind the back. The nutrition of the limb is defective, and the innervation is much impaired, so that the patient can exert but little power in its movements. I propose to make an effort to remove the deformity, and to restore the motions of the limb by exsection of the upper extremity of the os brachii, hoping that I may thus succeed in forming a useful artificial joint. (The patient was then brought under the influence of æther, and the operation was performed. A longitudinal incision was made near the posterior edge of the deltoid, dividing the fibres of that muscle,

and exposing the head of the os brachii, which was found to be dislocated on the dorsum of the scapula. The capsule was divided, and the extremity of the bone turned out. A leaden spatula was passed beneath the bone to protect the soft parts, and a portion of the bone about three-quarters of an inch in length was removed with a saw. On examining the limb, and moving it in different directions, it was thought best to remove an additional portion of the bone. This was accordingly done, the second portion being nearly as long as the first. The hand was then brought forward across the anterior part of the chest, where it lay in an easy position, without apparent deformity. The edges of the wound were brought together by means of eight twisted sutures made with insect pins.

CASE 28. Reduction of Dislocation of Shoulder, Seven Weeks' Standing.—M. C., æt. 53. This man had a fall on his right shoulder nearly seven weeks ago, since which time he has not been able to use his limb. I find on examination that the acromion process appears sharp and prominent, and there is a hollow beneath it. The arm appears a little longer than its fellow, and the head of the os brachii can be felt in the axilla. These signs clearly indicate a dislocation downwards into the axilla. If this luxation had recently occurred, its reduction would be comparatively easy. In old dislocations, much greater difficulties are encountered. These difficulties arise from the contraction of muscles, and from the partial healing of the lacerated capsule. I will now bring the patient under the anæsthetic influence of æther, and will make the attempt to reduce the dislocation, but as I am not provided with instruments, I may perhaps fail in the effort. (The patient was then brought under the influence of æther, and Prof. P., assisted by Drs. Hinton, Buck, and Krackowizer, undertook the reduction. The limb was brought over the patient's head, and extension was made in a direction towards the glenoid cavity, which counter-extension was made in the opposite direction. After continuing these efforts for a number of minutes, the arm was brought down by the side of the patient, a fulcrum was placed in the axilla, and the arm brought across the thorax. After repeating the extension and counter-extension several times, and as often having recourse to the prying motion across the chest, suddenly with an unusually loud snap the head of the bone went back into its place. The report was so loud as to lead to a suspicion that the bone had been fractured, but on careful examination it was ascertained that a reduction had been effected.)

COLLEGE OF PHYSICIANS AND SURGEONS.

DR. PARKER AND MARKOE'S CLINIC.

December, 1860.

CASE.—Cystitis.—Peter G., æt. 50, blacksmith, complains of dull pain in the loins, chiefly upon the left side, stretching across into the lumbar regions, and down into the pelvis. His trouble commenced about eighteen months ago, without any assignable cause. It has been gradually increasing in severity up to the present time. He is now unable to retain his water for more than a few minutes at a time, suffering great pain in the lower portion of the abdomen whenever he attempts to micturate. That portion of urine which first passes from his bladder is generally accompanied by mucus or pus, sometimes ropy, though never bloody. There is always a deposit of white sediment upon standing. His pulse is one hundred; tongue clean; eats well; sleeps well; and, aside from these symptoms, he has never had gonorrhœa nor stricture, and upon passing the sound into his bladder, no stone can be felt.

Remarks.—The symptoms which this man presents, viz. the dull pain in the back and pelvis coming on gradually for a year and a half, the irritability of the bladder, the frequent micturition, and unnatural urine, with the sediment of phosphates always present, are those of cystitis, and from the absence of any appreciable cause to which to

refer them, we must consider it one of those chronic idiopathic inflammations of the bladder which are sometimes met with. Among the causes of cystitis are, calculi in the bladder; disease of the kidney; exposure to cold; and masturbation; the inflammation commencing in the last case in the seminal ducts and urethra, and from thence spreading to the lining membrane of the bladder, giving rise to frequent emissions of semen.

Treatment.—Is first general, then local. The patient should be warmly clad with flannel next the skin. He should live upon plain unstimulating diet, take plenty of out-door exercise, and, in addition, the following:—Liquor potassæ, gr. xv., decoct. uvæ ursi 3 ij. M. The effect of this alkaline treatment upon the inflamed mucous membrane should be closely watched, and, if not satisfactory, counter-irritants, in addition, should be employed, in the shape of a small blister over the bladder.

American Medical Times.

SATURDAY, FEBRUARY 9, 1861.

WET-NURSES.

WE some time since received a communication from an English correspondent who has given much attention to the subject of wet-nursing in its bearings upon the public health. From this source we learn that at the International Statistical Congress, held at London last year, Dr. EDWARD JARVIS, a delegate from Massachusetts, in the discussion which followed the reading of a paper on the *Statistics of Wet-Nursing*, remarked that in the United States "the employment of a wet-nurse is very rarely resorted to; indeed, the custom is almost unknown there." This statement seems to have excited great interest, and has been the subject of much comment. Coming from a responsible source it has been received as authoritative, and has afforded good ground for the supposition that wet-nursing is by no means as necessary as the ladies of England seem to consider.

We do not know the source of Dr. JARVIS's information, nor on what investigations his conclusions were based. They should certainly have been arrived at only after extended inquiry, especially in our large cities, as, uttered in that high presence, they could not but have an important influence upon the discussions which followed the reading of the paper mentioned. Nor has their influence ceased with the adjournment of the Statistical Congress, but we now learn that subsequent writers have alluded to them as conclusive on the subject of wet-nursing.

Although we are not prepared to give statistical data, yet the results of extensive observation authorize us to state that wet-nursing is far from being unknown in New York city. On the contrary, it may be considered a very prevalent custom, supported alike by necessity and fashion. Whoever will consult the columns of "Wants" in our daily papers will soon become satisfied of the existence of this practice in our community, though it is not possible to obtain a knowledge of its extent from that source. To gain more accurate information of the amount of wet-nursing requires familiarity with the lying-in departments of our public charities, and with the poor and unfortunate in

their homes. Extended inquiry of those who have devoted much time in public institutions, and in dispensary practice, confirms our own observations, that wet-nurses always find a demand for their services. The applications for wet-nurses at our Lying-in Institutions often, indeed, greatly exceed the supply. There can be no doubt, therefore, that wet-nursing is more customary than Dr. Jarvis would believe.

The practice of wet-nursing grows out of:—1st. The inability of the mother to discharge her maternal duties; and, 2d. Either false pride, or an indisposition to be burdened with the care of her offspring. Both of these conditions exist in this, as in all large cities, and we are not a little surprised that an educated physician should have failed to recognise them. The first unquestionably renders the practice, to a limited extent, a necessity; the second springs from that social refinement which sets at naught all natural laws, and renders life, as far as possible, entirely artificial. The former of these causes, we are inclined to believe, leads to the employment of the wet-nurse in the majority of instances in this community, though the latter exerts an influence to no inconsiderable extent.

We have before us a paper on "The Practice of Hiring Wet-Nurses considered as it affects Public Health and Public Morals," which was presented to the "National Association for the Promotion of Social Science," England, in 1859, by M. L. BAINES. The evils of wet-nursing are here presented in a two-fold light: 1st. Moral and Social, and 2d. Physical. The former grow out of the employment of fallen women, a practice urged by a class of philanthropists, but which cannot be too severely condemned, not only on account of its immoral tendencies, but also of the physical evils that are liable to be entailed upon the nursing by the imbibition of constitutional proclivities to disease. The latter evils result both to the child of the nurse, which is either put out to an inferior nurse, or is hand-fed; and to the child which she assumes to nurse, owing to its deprivation of maternal milk. It is stated by this writer that, "It may be fairly assumed that the children of wet-nurses form a very large proportion of those who die prematurely." We are not prepared to indorse this, as a general statement, but we have the most undoubted proof of the great mortality among foundlings in this city; while they were put out to nurse, nearly one-half died annually. It appears also that out of every one hundred children in Paris, nursed by their mothers, eighteen die the first year, while of those wet-nursed, twenty-nine die.

The practice of employing wet-nurses, therefore, can but be considered an evil, and one which is destined doubtless to increase in the ratio of our increase in wealth and luxury. What is the remedy? The entire responsibility of resisting its progress rests with the medical profession. We should endeavor to remove the causes of the evil, by inducing mothers to rear their own children by the means that nature has given them. The arguments which may be employed are too strong to be resisted, if kindly, conscientiously, and firmly presented by the medical attendant. If this duty were thoroughly discharged, in every instance, the system of wet-nursing would at once fall into disrepute, and the custom would truly become what Dr. Jarvis represented it, "almost unknown" in this country. In the comparatively few cases where the mother is absolutely disqualified, it is still a question if artificial lactation, in the

hands of a competent nurse, might not be preferable to wet-nursing. But admitting that the wet-nurse must be obtained, the physician is still the adviser, and has it in his power to make the selection. And here occurs an important duty, which is almost invariably overlooked; if the wet-nurse has a child of her own, it is liable to be put aside without a care, or even thought, on the part of the employer. The physician should remember that, in providing a nurse for his patient, he is not less responsible for the life of the helpless human being which is set aside, and should insist that it be properly provided for.

We have done little more than open this subject, but if we have succeeded in impressing upon even a single physician the importance of discharging a duty long neglected, our purpose has been accomplished.

THE WEEK.

WE have received the announcement of the managers of BRIGHAM HALL, A HOSPITAL FOR THE INSANE, located at Canandaigua, N. Y. This institution "is designed for the accommodation of patients of the independent class, a class for which no adequate provision has existed in the State." It is under the medical supervision of Drs. GEORGE COOK and JOHN B. CHAPIN, men of ample experience in the treatment of the insane. Since its organization it has received 166 patients, of whom 49 recovered, 40 improved, 19 unimproved, 10 died, 48 remain. We are glad to learn that this enterprise gives fair promise of success. It commends itself to the medical profession of the State as an institution to which they can direct those insane patients who have means for support, but who need the care and restraint of an asylum.

Medical men justly deplore the ignorance of the public as to the distinctions between true and false systems of medicine. Let us suggest a simple and effectual method of enlightening the popular mind. During the winter, when popular lectures are so well attended, let the country physician engage to give a series of lectures in his village lyceum, tending to instruct his neighbors in those general principles which underlie scientific medicine. We are satisfied that physicians may thus not only make themselves useful by the instruction they give, but may establish on a firm basis, in the communities where they are located, the claims of legitimate medicine. The following extract, from the *Angelica Reporter* (N. Y.), gives an instance in point. The lecturer was Dr. C. M. Crandall, of Belfast, and his lecture is thus flatteringly noticed:—

"His aim," says the *Reporter*, "was, on this occasion, to exhibit the absurdity of the theory of that sect of medical practitioners known as homœopathsists, and to our mind he was entirely successful. We cannot here introduce the proofs in support of his subject; suffice it to say, they were authentic and convincing, while his arguments deduced therefrom were clear and forcible. The lecture was well written, showing evident marks of scientific learning, and much research in medicine. It was likewise well delivered and entertaining, both in its style and subject matter. The Dr. closed with a few eloquent and exceedingly well-timed remarks, commendatory to the regular medical profession—in which he said substantially, that they were in no sense sectarian—they claimed no one-idea theories, neither did they adhere to the doctrines of any particular man of their profession; but, he was proud to say, they gathered good, so far as practicable, from everything under the sun."

The New York County Medical Society held a monthly meeting January 19th, Dr. Bulkley, President. There was a large attendance. On taking the chair, the President delivered an introductory address, defining the past and present position of the Society. A paper was then read on the Pathology of Tetanus, by Dr. W. M. THOMSON, which has now appeared in our columns. It is proposed hereafter to hold monthly meetings for the discussion of scientific subjects. It will gratify the friends of county medical societies, to learn that the New York County Society, so long idle as to have become almost obsolete, has shown such evidences of vitality. Let it emulate the example of the Kings County Medical Society, now one of the most useful and influential societies in the State.

Reviews.

MALADIES DES FEMMES: LEÇONS CLINIQUES, par GUNNING S. BEDFORD, A.M., M.D., Professeur d'Obstétrique, de Maladies des Femmes et des Enfants, de Pratique des Accouchements, à l'Université de New York; traduit de l'Anglais, sur la 4me édition, et suivi d'un Commentaire Alhabetique, par PAUL GENTIL, Docteur en Médecine de la Faculté de Paris, Ancien Chirurgien et Médecin des Hôpitaux Civiles et des Prisons, etc. Paris, 1860. pp. 658.

CLINICAL LECTURES ON THE DISEASES OF FEMALES, by GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children, etc. Translated from the 4th English edition, with a Commentary, by PAUL GENTIL, Doctor of Medicine of the Faculty of Paris. Paris, 1860. pp. 658.

WE have had frequent occasion to notice Prof. Bedford's *Clinical Lectures on the Diseases of Women and Children*, as the work passed rapidly through its six successive editions in this country. Although the colloquial style of much of the work tended to excite criticism, still it met with more general favor from reviewers than any recent medical publication with which we are acquainted. That it was well received by the profession, these numerous, rapidly issued editions sufficiently prove. Nor was the American Medical press alone in its favorable comments, but the English press contributed to its popularity by the most flattering notices.

Successful as the work has been at home and abroad, we were not prepared to see it achieve a success exceedingly rare in the history of American medical authorship, viz. a translation into the French language. But the work before us proves the fact. We congratulate the author upon this high compliment paid to his labors in the still new field of uterine pathology, where so many struggle vainly for reputation.

The translator, Dr. Gentil, dedicates his work in the following terms, to the memory of his intimate friend, one of the most eminent French surgeons—AMUSSAT:—*Il m'éclaira souvent de ses conseils, il m'honora toujours de son amitié.* In the cursory examination which we have given the volume, we judge that the translator has construed the text literally, adopting in full the colloquial style, which, indeed, is well adapted to the French mode of clinical teaching. Very few notes are found accompanying the text, but forming a supplement, or, as the author terms it, *commentaire alphabétique et complémentaire*, we have upwards of two hundred pages of new matter. In this part Dr. Gentil has taken up individual subjects in alphabetical order, referring to the page of the work where they have been treated, and discusses them at length in their bearing upon French obstetric medicine. His annotations give evidence of scholarship, and a full appreciation of his subject.

In concluding this notice, we may add, that while this translation is the highest possible acknowledgment of the value of the author's labors, it secondarily reflects creditably upon the rising importance of the American school of medicine.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES.

Edited by W. H. RANKING, M.D., and C. B. RADCLIFFE, M.D. Vol. xxxii. July—December, 1860. London: 1861.

BRAITHWAITE'S RETROSPECT OF MEDICINE AND SURGERY. Part the Forty-Second. New York: W. A. Townsend & Co. 1861.

These semi-annual publications for the last half year are unusually rich in the selections of practical matter.

Progress of Medical Science.

DIPHTHERIA.—The *American Journal of the Medical Sciences* for January, contains the prize essay of Dr. SLADE of Boston, on Diphtheria, to which the Fiske Fund Prize was awarded, July 11, 1860. The author first gives Bretonneau's description of this disease, and compares it with the various epidemics that have at different times prevailed throughout Europe and America; points out the distinction between diphtheria and croup, and its non-identity with scarlatina; discusses at some length its pathology, the question of infection; comments upon the presence of albumen in the urine, and its significance; and finally arrives at the following conclusions:

"1. Diphtheria is a specific disease. This fact is shown by its origin, its progress, its manner of termination, and its sequelae. 2. Its diagnostic sign is the formation of an aplastic membranous exudation upon any portion of the cutaneous or mucous surface which is exposed to the contact of the atmosphere. 3. It is propagated by infection and contagion, and is both epidemic and sporadic in its invasion. 4. Its characters plainly indicate that it belongs to the category of blood diseases. 5. It is not allied either to cyananche trachealis or scarlatina. 6. The treatment is to be directed to the control of the exudation, and to the support of the constitution by means of tonics, stimulants, and a nutritious diet."

As we know of no specific capable of arresting the disease, our aim must be to conduct the patient safely through it. For this purpose he commences by insisting strongly upon the observance of certain hygienic rules, as cleanliness of person and surroundings, and ventilation, excluding the well members of the family, especially children, from the sick-room, etc. As an external local application in the very early stages when there is much heat or engorgement about the throat, cold, wet compresses may for a time give relief, but should give way to warm fomentations, and emollient applications as the disease progresses. As the principal indication is to support the powers of life from the first, neither leeching, local bleeding, nor purging is to be thought of, except in some very rare instances. If thought advisable on account of early croupal symptoms to commence the treatment with an emetic, a full dose of ipecac is preferable, the bowels being moved by simple enemata or some mild laxative. Stimulants and nourishment should be commenced with early and steadily persisted in, either by the stomach or in the form of enemata, in such quantities and at such intervals as may suit each individual case. Among the tonics for internal administration, quinia, iron, and chlorate of potash seem to promise the greater chance of success, of which the tinct. of sesquichloride of iron seems to be preferred by a majority of practitioners in doses of from ten to fifteen drops in water, every three or four hours. Quinia may be given in mixture, with or with-

out dilute hydrochloric acid, or in the form of a pill in doses to suit circumstances; or if chlorate of potash be preferred, it should be in doses of from four to eight grains in some bitter infusion, with from two to five drops of dilute sulphuric acid. The experience of most medical men of the present day bears witness to the efficacy of local applications to the throat, and among the multitude of substances employed for this purpose, nitrate of silver, thirty to sixty grains to the ounce of water, tinct. ferri chloridi, and the hydrochloric acid seem entitled to special confidence. They may be applied with the sponge probang, or what is better for children, with a full size camel's-hair pencil. The nitrate of silver should be applied every three or four hours; the acid may be used at long intervals in full strength, though, in the case of children, the addition of a little honey is desirable. A solution of the chloride of soda in the proportion of one drachm to six ounces makes a very efficacious gargle for correcting the fetor of the breath and secretions of the throat; and the same may be said of the chlorate of potash in combination with hydrochloric acid and tincture of sesquichloride of iron. Among other local applications are mentioned strong solutions of sulphate of copper, the chloride of sodium, alone or with vinegar, gargles of tannin, capsicum, etc., and Monsell's salt, in powder. When the nasal fossae have become implicated, a solution of the chloride of soda, two drachms to eight ounces of water, with the addition of two ounces of glycerine, may be injected through the nostril, also frequent injections of warm water and soap. If, in spite of all means of treatment, the disease progresses, and the larynx and trachea are invaded by the exudation, the question of tracheotomy arises. After carefully examining the statistics, the author's views are unhesitatingly in favor of the operation; not when the patient is moribund, but "so soon as we feel that our remedies are too tardy to overtake the disease." In the management of this operation, a large opening should be made in the trachea, and a tube introduced of sufficient calibre to admit an adequate supply of air. The patient should then be supplied with a warm moist atmosphere, and a reliable person intrusted with the duty of keeping the tube free. Medical treatment should be continued, and injections of nitrate of silver thrown into the trachea will often be followed by beneficial results. The author concludes the paper with a brief summary of the treatment recommended by some of the principal practitioners of Europe.

Reports of Societies.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

FIFTY-FIFTH ANNUAL MEETING.

THE Society met pursuant to statute at Albany, on Tuesday, Feb. 5, at 11 A.M.

The President, DANIEL T. JONES, M.D., delivered his inaugural address. After thanking the members for the honor conferred upon him by his election to the office, and alluding to the prosperous condition of the medical profession throughout the state, he offered a suggestion, that the Society should be divided into two separate sections, termed "Medical and Surgical," which should meet during the afternoon and evening, and that all business be transacted only during the morning session. He thought that the adoption of this plan would give ample time for the discussion of all the papers presented.

The following gentlemen were appointed as a *Committee on Credentials*:—Drs. S. D. Willard, M. M. Marsh, and J. C. Adams; and the following to compose the nominating committee:—1st Dist. Drs. J. McNulty; 2d Dist. W. A. Carrington; 3d Dist. T. C. Brinsmade; 4th Dist. Hiram Corliss; 5th Dist. A. Van Dyck; 6th Dist. C. S. Wood; 7th Dist. Chas. Van Anden; 8th Dist. C. E. Gay. Several

of the delegates from the State Medical Society of Connecticut being present, Dr. March offered the following:—

Resolved, That the State Medical Society of Connecticut be invited as guests of this Society, and that the secretary be authorized to provide suitable quarters for them at Congress Hall.

On motion of Dr. March the Committee of Credentials were empowered to invite medical gentlemen who might be in attendance to seats in the Society.

Dr. BRINSMADE moved that eight delegates, two from each censorial district, be nominated by the Nominating Committee to represent the Society at the next annual meeting of the State Society of Connecticut, to be held at New Haven on the fourth Wednesday of May next. Adopted.

Dr. BRINSMADE also offered the following, which was adopted:—

Resolved, That a committee of three be appointed to take into consideration the suggestion offered in the President's address.

Dr. L. B. COATES presented the following preamble and resolutions:—

Whereas, The subject of the establishment of a State "Commission of Lunacy" has been in agitation by the Society for the last two years, and that it requires certain legislation for its accomplishment; and

Whereas, A bill is now before the Senate waiting further opinion of the profession in relation to its merits; therefore,

Resolved, That the State Medical Society at its annual meeting recommends prompt action of the Medical Committee in the Senate in reference to obtaining the final passage of this bill; and that the members of the Society, now present, use their influence individually with the respective members of the Legislature of their acquaintance to effect this object.

Resolved, That a committee of three be appointed to meet and confer with the Senate Committee at their meeting to be held to-morrow afternoon, and present these resolutions, signed by the President and Secretary.

These resolutions were adopted, and the following gentlemen constituted the committee:—Drs. L. B. Coates, Abraham Hawn, and C. B. Coventry.

Dr. VANDERPOEL next offered the following, which was duly accepted:—

Resolved, That a committee of three be appointed by the chair to invite medical gentlemen of the Legislature to seats as honorary members of the Society. Adopted.

The committee consisted of Drs. Vanderpoel, C. S. Wood, and U. Potter.

On motion of Dr. March, Dr. L. D. Seldon, of New York, was elected an honorary member.

The Report of the Treasurer, Dr. Quackenbush, was next read, which showed that the receipts for the last year amounted to \$216 15; the expenditures to \$71 74; leaving a balance on hand of \$144 41. Drs. Corliss, Bly, and H. Adams were appointed a committee to audit the account, and after due consideration reported favorably.

The committee on the President's address were next appointed, consisting of Drs. Brinsmade, Griscom, and Beattie.

Dr. J. G. ADAMS presented a communication from the New York Academy of Medicine, embodying the Preamble and Resolutions relating to the publication of the proceedings of medical societies in non-medical newspapers, which was passed by that body on the 10th of January last, and which we have already published. Referred to Committee on Publication.

SINGLE PLACENTA IN A CASE OF TWINS.

Dr. J. V. P. QUACKENBUSH presented an interesting specimen of single placenta. He was called to the case of midwifery about an hour before, and delivered the woman of twins. The unusual points about the case were:—1. A single placenta. 2. A common envelope, a single chorion and single amnion for both children. 3. The insertion of the two umbilical cords almost together. 4. The length of each cord, which was 47 inches. The placenta was 9 inches in length.

REPORT ON MEDICAL EDUCATION.

Dr. HOWARD TOWNSEND presented the Report of the Committee on Medical Education. After recapitulating what has already been done in several of the state societies, and in the American Medical Association, in reference to the subject, or more particularly in reference to a second

degree in medicine, he stated that though the committee was nominally appointed to report upon so much of Dr. Brinsmade's Inaugural Address as relates to conferring a second degree, the very words of his address would allow the committee to report "upon the means of elevating the standard of medical education," rather than restrict themselves to the subject of a second degree. Reviewing all action which has thus far been taken upon the subject, both in the National Association and in the different state societies, it would seem that the idea of a second degree has not been entirely acceptable to the profession, and in this view the committee fully concurred. To those who have had any experience in medical teaching in our country, it will be quite unnecessary to say that the whole stress of elevating the standard of medical education being laid upon the second degree, seems like insisting upon attention only being paid to beautifying and adorning an edifice, whose substructure and solidity may have been entirely neglected.

Without attempting to depreciate the advantages of finish and polish which would result from a second degree, the committee felt that these would avail little or nothing unless based upon a thorough and well established first degree. In reference to the argument of a second degree in medicine being necessary, because of a similar one being already established in the professions of divinity and law, it must be remembered that in these it is merely honorary, a few only obtaining it. Yet doubtless conferring it upon these few has an elevating effect. But just now in medicine, there is more urgently needed the adoption of some system which would insure a more thorough education for the mass of the profession; some course obligatory for each individual to pursue, not left to his option, before he could obtain the degree, which end the committee think could only be obtained by insisting upon a more severe ordeal of study, and more thorough and rigorous examinations, before a candidate can be admitted into the ranks of the profession. As regards the argument of the necessity of a second degree because of so many irregular practitioners having assumed the title Medicine Doctor, to refute it, it will be only necessary to ask why, if the first degree has been so freely seized upon, may not the second and higher degree be equally easily and freely assumed? The committee deem the old and well established degree Doctor in Medicine, the proper fulcrum to rest the lever with which to elevate the standard of the profession. But the requirements for this degree must be just such as are needed to insure a thorough and accomplished medical education; and the examinations which are to determine how far these requirements have been attained, should be most severe, thorough, and impartial, and the examinations should be conducted only by such members of the profession as might be selected because of their being the most competent.

It should be first insisted upon, that all commencing the study of medicine should sustain an examination to prove that they possess at least the basis of a good English education; a sufficient knowledge of the sciences to enable them to comprehend the principles of their application in anatomy, physiology, and therapeutics; and such a knowledge of the ancient and foreign languages as is essential to aid them in their studies, and enable them to comprehend a prescription when written in Latin. In reference to the course pursued at the schools, it should be most thorough. The time passed at the Lectures should be longer, instead of terms of four and five months. They should, as in literary and scientific colleges, continue throughout the year, excepting eight or ten weeks for vacation. Not more than four lectures a day, because, if more are attended, there will not be time enough for study of disease, where it can only be properly studied, at the bed-side in the hospital, or study of practical anatomy and chemistry. There should be daily examinations in all the colleges to refresh the memory, and to inculcate habits of reflection and study. The final examination for the degree should be conducted by a Board of Examiners, of able and competent men selected from the

profession at large, there always being a representation from the medical schools. This Board to be appointed by the state societies or the American Medical Association. The whole success of the plan will depend upon the appropriateness of those selected for this Board; appropriateness as regards high moral character, intellectual ability, and general as well as medical attainments and culture. These thorough examinations will also exercise a beneficial influence upon the medical schools themselves, for the result would be to encourage greater efforts on the part of the different schools to prepare the candidates whom they may send forth to the final examination, so that failure on the part of those candidates would be the exception to the rule. Whereas now, too often the contrary obtains, the examinations being purposely superficial to swell the list of graduates. Now the rivalry is for members. Under the new arrangement it would be to send the best prepared; which necessity would incite the most laudable efforts on the part of both professors and pupils.

Without doubt, the advancement of the science of medicine depends upon the genius and skill of those engaged in its pursuit; yet for its ultimate welfare and promotion we must look to well established institutions for the dissemination of medical knowledge. The lower the standard of education is among medical men, the greater the number of ignorant applicants for professional honors; and it matters not how many or how few may be the degrees determined upon, there will be no actual advancement or elevation of the standard of medicine unless the reform commence with the course of education itself, instead of with the degrees conferred, which degrees, like the coin stamp, may be impressed upon the base metal as well as that which has the true ring of gold.

DR. VANDERPOEL moved that the Report be forwarded to the American Medical Association as an expression of the sentiments of the Society.

USE OF MERCURIALS IN ACUTE PERICARDITIS.

DR. VANDERPOEL presented a paper having for its subject The Use of Mercurials in Acute Pericarditis. The author was inclined to believe that therapeutics did not keep pace with our expanding views of pathology, and that this was more especially the case in the use of mercury in the disease under consideration. After quoting the views of Hope, Latham, Fuller, and others who favor the employment of mercury as a remedy, he maintained that the principle upon which their treatment was founded was altogether erroneous. Not only was the analogy between iritis and pericarditis fallacious as far as the effects of treatment were concerned, but the order in which the symptoms occurred, and the nature of the efforts for recuperation in the latter disease, contra-indicated the use of any depressing agent.

DR. J. G. ADAMS made a communication from Dr. T. G. Thomas, Physician to Bellevue Hospital, of a remarkable case of

SUSPENDED ANIMATION.

On the 30th of January, 1861, while visiting the wards under my supervision in Bellevue Hospital in company with Drs. Segur, Fernandez, Deroset, and Fisher, house physicians of that institution, and a class of fifteen or twenty students, my attention was called to the case of a young woman, about twenty-three years of age, who was suffering from epileptiform hysterical convulsions of the most violent character. She had been in the hospital over a year, laboring under partial hemiplegia and convulsions, of the nature of that in which I then saw her, which occurred quite frequently. Upon inquiry, I found that the existing convulsive seizure had, at the time of my visit, lasted about three hours, and as it was then extremely violent, I determined to quiet it by the anæsthetic agency of chloroform. The drug employed was Pheisser's. Pouring about a half drachm upon a small towel, I administered it very cautiously, holding the pulse and watching the respiration very closely. After the patient had inhaled it for about two

minutes the convulsion ceased entirely, but observing that the pulse was a little irregular, I removed the towel until it resumed its regularity, then again pouring on it about half a drachm I allowed her to inhale it, keeping the towel at some distance from the face. After about four or five minutes had elapsed from the commencement of the administration, and when not more than two or three drachms of chloroform had been used, I observed the pulse and respiration to cease suddenly, the lower jaw to relax, and the eyes to become glassy and fixed. Removing the towel from her face laid my head upon the cardiac region and found that the heart's action had entirely ceased, and that not a particle of air was entering the lungs. The woman was dead. Instantly tearing open the front of her dress, I dashed cold water upon her face and chest, admitted a strong draught of cold air, applied ammonia to the nostrils, and forcibly compressed the abdomen and chest walls; but without one sign of returning animation. Throwing the pillows and clothing from the bed, I then seized the body by the shoulders, and practised Marshall Hall's method of artificial respiration, sending at the same time for a galvanic battery, and having the legs and spine rubbed vigorously by the students with aqua ammoniac. These means, however, which I considered as minor ones, were not allowed to interfere with the continuous performance of the respiratory process. This was kept up for twenty minutes without a sign of life appearing to reward and encourage our efforts; and then, so satisfied was I that a calamity that I had long dreaded had occurred to me, that I turned to the class and stated that now I persisted in my efforts against all hope as the patient was surely dead. At the end of twenty minutes, by which time I was becoming much fatigued by my efforts in rolling the body, Dr. Segur, who held the pulse during the time, stated that he felt it flutter, and upon my requesting Dr. Kennedy to examine the other wrist, his statement was corroborated; now and then, something like a beat being detected. I need not state, that every effort was now renewed, and redoubled, and in a few minutes a succession of beats was discovered, and the ear placed upon the chest revealed the fact that the heart was slowly but surely resuming its function. No voluntary respiratory effort, however, had yet occurred. The battery being now ready for action, I had it applied (the ready method still being kept up incessantly) to the pectoral muscles, to the neck, over the diaphragm, and in fact passed the poles all over the chest. Instantly the muscles jerked, as if in convulsion; the eyelids flew open, the head was jerked back, respiration was soon established, and in ten minutes more I had the inexpressible satisfaction of seeing the patient out of danger.

Under certain circumstances, time passes so heavily, that a mere estimation of its lapse is utterly unreliable. Into this case, no such error has crept to impair the integrity of the history which I have related, for Dr. Segur examined his watch, (as I did likewise, one of the students, Mr. Craig), is positive as to the exact time, and it is upon this authority, that I state the duration of complete suspension of animation as being twenty minutes. The recovery was entirely due to Marshall Hall's method; the other means adopted, having only aided this in the accomplishment of the result, in which it was chiefly instrumental. My object in offering this case for publication, is not to demonstrate the already well known fact, that Chloroform often proves dangerous, as an anæsthetic; but to place on record an instance which proves the propriety of persevering with restorative means, even after all reasonable hope has vanished. Had I ceased my efforts after continuing them for over a quarter of an hour fruitlessly, who would have blamed me? And yet, such cessation would unquestionably have lost the life of the patient. I would also remark, that had the galvanic battery been waited for, and inefficient means allowed to consume the first five or six minutes succeeding the suspension, recovery would have been out of the question. My belief is, that the immediate and persistent use of means for the establishment of artificial respiration, is the

most certain method at our command, for warding off the fatal issue of such cases. Of this I have fully satisfied myself in many cases of asphyxiated neonati, and it was the remembrance of these which led me to continue my efforts so long here. Upon visiting the wards upon the day following the occurrence which I have related, I made an examination of the heart of the patient, and discovered (what I should have informed myself of before administering chloroform) that there was a distinct bruit, with both sounds, loudest at the base, and probably due to roughness and insufficiency of the aortic valves. In conclusion, I must add, that the promptness, coolness, and efficiency of the gentlemen of the house staff, who were with me, proved of great assistance, and contributed largely towards the successful issue of the case.

INVERSION OF UTERUS.

Dr. A. VAN DYCK reported a case of complete inversion, of the uterus. He was called on the 13th of June, 1859, to see a German woman, æt. 28, who had just given birth to her first child. She was attended by an ignorant midwife, who sent for him, fearful that the whole of the after-birth had not come away. Dr. Van Dyck examined the placenta and found it entire. The uterus seemed very well contracted, as was also the case with the os. She suffered considerable pain in the abdomen, which was relieved in the course of a day or two by an anodyne and the administration of castor oil. Nothing unusual occurred until the 21st, when the doctor was summoned in haste to see her. She was sitting upon the stool, with the womb completely inverted, situated between her thighs, and about the size and shape of a goose egg. She was immediately placed upon her left side, her knees drawn up, and with his right hand the doctor grasped the tumor—the fundus resting upon the palm—when firm pressure was made, and the organ began to ascend. The hand was then carried into the vagina and lengthened, by straightening the thumb and fingers into a conical form; the fundus was dimpled, and thus carried through the os and cervix to its natural situation. The organ soon contracted, and the hand was gently withdrawn. The case was interesting in two particulars. 1. Partial inversion was produced at the time of delivery, and continued to progress until the eighth day after the confinement, when a little straining rendered it complete. 2. The suffering, notwithstanding this state of things, ceased on the third day, which circumstance was accounted for by supposing that at that time the uterus had so far descended into the vagina as to render further spasmodic contractions unnecessary.

Dr. SAYRE's motion that the report of Dr. Ranney, with the amendments he suggests to the bill before the Legislature on Lunacy Commissioners, be accepted and presented to the Legislature as the sense of the society, was adopted.

Then a resolution was offered to allow Dr. Bulkley to present the subscription for the Westminster monument to John Hunter. Adopted.

Dr. BISSELL, of Utica, presented a very valuable and practical paper on Endermic Medication. Indicated when the stomach is irritable, or it is necessary to prevent its derangement, as in cholera infantum, cholera morbus, typhus fever, &c. His method of dermic introduction recommended was to wash the skin first, then envelop with cotton batting saturated with warm solutions or tinctures, over that piline or oiled silk, the former preferred. He advocated very ably, with report of several cases, this mode in cholera infantum.

Dr. SQUIBB then presented the report of the Committee on Adulteration of Drugs. This masterly report secured the undivided attention of the Society; and the important practical suggestions for counteracting, were loudly applauded. He also presented the report of the Committee on Pharmacopœia revision. A resolution of thanks was offered, when Dr. Sayre made a motion that Dr. Squibb's expenses in attending the sittings of the revision committee be repaid. Carried.

Dr. DOWNS read a paper on a case of poisoning by corro-

sive sublimate, showing the inefficiency of the legislative enactment against the sale of poisons.

Dr. FINNELL then presented a paper on a case of suicide by wounding a small branch of the sup. thyroid artery. He also presented the list of all the members of the New York County Medical Society from the time of its organization.

DOMESTIC CORRESPONDENCE.

ALBANY.

Feb. 6, 1861.

The State Medical Society opened its fifty-fifth Anniversary at the City Hall, Albany, yesterday morning. Permanent members and delegates have already registered their names, and entered upon the business of the session. The President of the Society, Dr. DANIEL T. JONES, offered a brief and sensible address. He suggested an improvement in conducting business, which has already been shown, in the progress of affairs, to be of practical importance, viz. a division into medical and surgical sections. Voluminous papers, special reports, and a great variety of resolutions, with discussions that might be interminable but for the faithful attentions of the Professor of Brevity, as one of the older members is facetiously denominated.

A great variety of papers and reports have been presented, and a still larger number are yet unread.

The opening hour of the afternoon session having been allotted to Dr. C. A. LEE, for the presentation of his views upon the inversion of the uterus, the Society patiently listened to his extended account of the noted Chicago case, in which the Doctor was called as an expert. He very unnecessarily reiterated his well known opinions respecting that case, charging the attending physician with negligence and mal-practice. That this subject was not acceptable to the members was evident; and upon a suggestion from the jocular Professor of Brevity, the Chicago case and its champion gave way to more important business. Dr. SWINBURNE then read a practical paper upon Simple Extension in all kinds of Fractures. That young surgeon evidently possesses the proper inventive and mechanical tact for good surgery. I notice that the stenographic pencil of one of your staff editorial is busy taking notes, so I need only give your readers a general view of what is going on. The question having been raised, as to what degree of extension or force may be borne without completely separating the fractured ends of bone, Dr. Bly, of Rochester, related the results of his experiments to demonstrate the degree of extensibility of muscular tissues in the limbs of dead animals. He claims to have produced in the leg of a dead sheep an extension of its muscles amounting to half an inch. The older and more experienced surgeons very kindly reviewed and criticised the peculiar hobby of the paper; and finally, its author found it very difficult to defend his *exclusive* practice of simple extension. Indeed, upon inquiry, the fact appeared that even Dr. Swinburne resorts to *lateral* support to the fractured limb in particular cases. The faithful analysis to which the interesting surgical question was subjected by Dr. JAMES R. WOOD, constituted the most interesting event of the first day's session. Close attention was given to his remarks, which seemed to satisfy the obvious desire of all classes of practitioners who fear the misapplication of *judicial* inquiry and prosecution for the correction of faults in surgery. It is too manifest that so long as conceit boasts itself against accurate knowledge and common experience, lawyers and their deformed clients will surely make game of the best surgeons.

The veteran surgeon, Professor March, opened the discussions of the second day, presenting the results of his experience upon compound, comminuted, and complicated fracture of the upper end of the tibia. Thus surgery, and the casualties of childbirth, have inaugurated the session. Next comes the subject of suicides, with a statistical contribution by Dr. J. G. ADAMS; committee on Medical Hydrography and Systematic Drainage, by Dr. E. HARRIS.

F. F.

COMMUNICATIONS have been received from:—

Alabama—Dr. C. S. W. PRICE. Connecticut—Drs. G. L. PLATT, C. L. BALDWIN, C. E. HAMMOND. Illinois—Drs. DAVENPORT and PRATT, C. A. GRIMWOLD, C. E. WING. Indiana—Dr. C. ROBINSON. Iowa—Dr. A. M. THORNE. Kentucky—Dr. J. L. POPE. Maine—Drs. T. H. BROWN, J. BUZZELL, K. WRIGHT, J. B. BENJAMIN, TEWKSBURY. Massachusetts—Drs. W. W. MOELAND, T. S. PERRINS, H. A. MARTIN. Michigan—Drs. M. H. RAYMOND, H. O. HITCHCOCK, C. M. STOCKWELL, C. V. MOTTEAU. New Hampshire—Drs. G. W. TIBBETTS, J. H. BAXTER, F. NEW JERSEY—Dr. J. H. BORROW. New York—Drs. J. H. BAXTER, F. D. BEEBE, S. GILMORE, A. B. SLOAN, J. R. CHAPIN, S. ADAMS, J. A. DAEHLING, J. J. WARD, H. P. BARCOCK. Ohio—Drs. R. J. PATTERSON, C. R. GREENLEAF, R. HILLS. Pennsylvania—Dr. D. H. MILLER. Vermont—Drs. L. SAWYER, S. PUTNAM. Virginia—Dr. J. B. AMISS. Wisconsin—Dr. A. CLARK.

REPORT OF THE DISPENSARIES OF THE CITY OF NEW YORK,
For the month of January, 1861:

	New York Dispensary.	Northern Dispensary.	Eastern Dispensary.	Dewitt Dispensary.	N. Western Dispensary.	Total.	Grand Total.
Number of male patients.....	1,919	650	997	1,081	560	5,267	
Number of female patients.....	1,958	864	1,379	1,355	741	6,297	
Totals.....	3,907	1,544	2,376	2,436	1,301	11,564	
Treated at dwellings.....	844	413	554	789	288	2,888	
Treated at Dispensaries.....	3,063	1,131	1,822	1,647	1,013	8,676	
Primary vaccinations.....	41	45	120	23	80	309	
Revaccinations.....	21	8	31	19	18	92	
Whole number vaccinated.....	62	53	151	42	98	406	
Number of adults.....	3,667	1,094	1,730	1,459	750	7,699	
Number of children.....	840	550	946	947	551	3,834	
Number native patients.....	1,621	602	808	1,099	495	4,625	
Number foreign patients.....	3,846	952	1,478	1,457	706	7,439	
Number sent to Hospital.....	638	84	146	32	18	888	
Number of deaths.....	1	8	19	16	9	65	
Prescriptions dispensed.....	7,581	2,361	4,676	5,066	2,548	22,432	

During the month of January, as above shown, medical and surgical services, vaccination and medicine were afforded gratuitously to 11,564 persons. The principal causes of death were consumption, scarlet fever, and small-pox. The prevailing diseases chiefly affected the respiratory system. Small-pox has been unusually prevalent in the 1st, 2d, 3d, 4th, 10th, 11th, 18th, and 17th Wards.

Although the total number treated by the Dispensaries is large, yet there is no unusually prevalent disease in the city excepting variola; scarlatina and severe throat diseases do not prevail to as great an extent as a year ago. The average number of only two prescriptions to a patient argues a very light grade of sickness amongst the poor. It should be taken into consideration that the dispensary business is always much increased in January, by the assistance which these institutions afford to the Alms-House Department by certificates of sickness, the poor having learned that their plea of suffering are more promptly investigated, when it is supposed to be aggravated by illness.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY
AND COUNTY OF NEW YORK,

From the 28th day of January, 1861, to the 4th day of February, 1861.

Deaths.—Men, 81; women, 82; boys, 120; girls, 84—total, 367. Adults, 163; children, 204; males, 241; females, 166; colored, 6. Infants under two years of age, 123. Among the causes of death we notice:—Infantile convulsions, 19; croup, 16; diphtheria, 10; scarlet fever, 26; typhus and typhoid fevers, 6; consumption, 65; small-pox, 7; dropsy of head, 12; infantile marasmus, 20; inflammation of brain, 16; of lungs, 27; bronchitis, 15; congestion of brain, 4; of lungs, 4; erysipelas, 2; whooping cough, 3; measles, 4; rheumatism, 2; puerperal fever, 7. Eleven deaths occurred from violent causes—243 natives died and 124 foreigners; of these, 87 were British and 84 German. Four died in the Immigrant Institution, and 35 in the City Charity Department; of whom 15 were in the Bellevue Hospital; 108 more deaths occurred in the corresponding week of 1860.

Jan. and Feb. 1861.	Barometer.		Temperature.			Difference of dry and wet bulb, Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.					
	18.	18.	•	•	•	Mean.	Max.			
27th	29.97	.20	28	24	33	9	4	N.W.	6.8	18.
28th	29.99	.20	30	23	37	4	6	N.W.	1	
29th	29.90	.34	25	28	40	4	7	S. E. to N.W.	6	
30th	29.75	.30	25	20	30	4	5	N.W.	0	
31st	30.00	.20	24	17	39	4	5	N.W.	0	
1st	30.00	.30	28	16	38	3.5	6	S.W.	6	1
2nd	29.60	.15	45	40	50	1	2	S.W.	10	

REMARKS.—27th, light snow early A.M., clear P.M.; 28th, light snow 10 to 12 A.M.; 29th, clear P.M.; 30th, flurry of snow 10 A.M. Feb. 1st, clear A.M., snow, hail, and rain, P.M.; 2nd, hard rain early A.M., fog all day; snow and rain P.M., air nearly saturated, dampest day for three months. The wind was generally light during the week, but blew hard from the N.W. during the day on the 30th, and the morning of the 31st.

MEDICAL DIARY OF THE WEEK.

Monday,	New York Hospital, Dr. Halsted, half-past 1 P.M.
Feb. 11.	EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday,	New York Hospital, Dr. Buck, half-past 1 P.M.
Feb. 12.	EYE INFIRMARY, Diseases of Ear, 12 M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
	BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
Wednesday,	EYE INFIRMARY, Operations, 12 M.
Feb. 13.	New York Hospital, Dr. Cock, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Mott, half-past 1 P.M.
	PATHOLOGICAL SOCIETY, 7½ P.M.
Thursday,	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Feb. 14.	New York Hospital, Dr. Halsted, half-past 1 P.M.
Friday,	New York Hospital, Dr. Buck, half-past 1 P.M.
Feb. 15.	BELLEVUE HOSPITAL, Dr. Church, half-past 1 P.M.
	EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday,	BELLEVUE HOSPITAL, Dr. Wood, half-past 1 P.M.
Feb. 16.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
	New York Hospital, Dr. Cock, half-past 1 P.M.
	EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Cardochan, 3 P.M.
	EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), February 9th, Dr. JAMES R. WOOD will deliver a Lecture on *Hernia*.

LIST OF WORKS

ON CROUP AND DIPHTHERIA,

FOR SALE BY

BAILLIERE BROTHERS.

Memoire sur le Traitement de l'Angine Couenneuse, par le Dr. Marchal (de Calvi). 80. Paris, 1856. 87 cents.

Etude sur les epidemies de Croup, et d'Angine Couenneuse, par le Dr. T. P. Desmarts. Bordeaux, 1859. 25 cents.

Nouvelle Etude du Croup, par le Dr. Bouchut. Paris, 1859. 62 cents.

Nouveau Traitement du Croup et des Angines Couenneuses, par les Drs. Desmarts et De Vitray. Paris, 1860. 87 cents.

De la Paralyse diphtherique, par le Dr. V. P. A. Malgoult. Paris, 1860. 87 cents.

Memoire sur les Affections diphtheriques. Nouvelle methode de traitement experimentee dans une epidemie, par le Dr. W. Zimmermann. 3vo. Paris, 1860. 76 cents.

These sur la Diphtherie, par le Dr. E. Hervieux. 4to. Paris, 1860. 62 cents.

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1. LATERAL CURVATURE OF THE SPINE



Sample movement for lateral curvature to the right—expanding contracted (left) side, unbending spine, and pressure on projecting (right) shoulder.

Is caused by *unequal action* of the spinal muscles, generally (but not always) accompanied by muscular weakness. Sound sense and experience prove that supporters, by preventing muscular action, increase the weakness and aggravate the disorder; while gymnastics, acting on all muscles alike, can, at most, only benefit the general health, but cannot correct relative disproportions of muscular strength. A cure would consist in such *regulated* action of the muscles as, in accordance with the anatomy of the body and peculiarity of the deformity, would expand the contracted muscles on the shrunken side, and contract the expanded muscles on the projecting side, and, by introducing a series of muscular actions *opposite* that which produced the deformity, would thus reestablish a uniform and harmonious action of antagonist muscles, when the deformity would disappear. (See cuts.)



Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

2. PARALYSIS

Is produced by a suspension of the nervous stimulus to the muscles by some cause affecting the nervous centres. The shock may have passed off, or the clot in the brain may have become absorbed, and the paralysis may still, wholly or in part, remain, because it requires a special effort to re-establish the connexion of brain and muscles. In ordinary exercise, the *unaffected* muscles perform the most of the action, while the paralyzed ones perform the least.

This process should be reversed, and the paralyzed muscles made to act while the unaffected parts are at rest. The nerves must be re-educated to perform their functions, by sustained, gentle, well-directed, and repeated efforts of the will on the affected muscles, till the latent power is developed to be an efficient one.



Sample movement for paralysis,—concentrating the *will* on the extensors of the leg, while the rest of the body is at rest.

3. ANGULAR CURVATURE OF THE SPINE

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4. THE TREATMENT

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